



# CALIFORNIA LODGING INDUSTRY ASSOCIATION

Mail application to:

CLIA

1017 L Street #527

Sacramento, CA 95814-3805

Credit Card payment may be FAXED to:  
(916) 686-1321

## LODGING PROPERTY APPLICATION

PROPERTY NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROPERTY PHONE (\_\_\_\_\_) \_\_\_\_\_ WEB SITE \_\_\_\_\_

OWNER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

GENERAL MANAGER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

Owner/General Manager are same contact.

*Membership Investment is billed annually. Membership is continuous until canceled in writing, and investment is fully earned by CLIA at time of receipt. Upon receipt of dues payment, contact(s) listed above will be emailed a membership packet, which includes user name and password for [www.clia.org](http://www.clia.org).*

*For information on CLIA member benefits please visit [www.clia.org](http://www.clia.org) or call 916/925-2915.*

### Membership Payment Information

#### Lodging Membership Dues Schedule

| Select                   | Number of Rooms | Annual Dues Investment |
|--------------------------|-----------------|------------------------|
| <input type="checkbox"/> | 1-22            | \$199                  |
| <input type="checkbox"/> | 23-35           | \$329                  |
| <input type="checkbox"/> | 36-50           | \$429                  |
| <input type="checkbox"/> | 51+             | \$529                  |

- My property is a "Bed & Breakfast"  
 My property is owned/operated by the management firm:

*Note: Lodging properties owned/operated by a management firm may be eligible for a dues discount. Contact [info@clia.org](mailto:info@clia.org) for more information.*

#### Vacation Rental Dues Schedule

| Select                   | Number of Units | Annual Dues Investment |
|--------------------------|-----------------|------------------------|
| <input type="checkbox"/> | 1-28            | \$249                  |
| <input type="checkbox"/> | 29+             | \$349                  |

Number of Rooms/Units \_\_\_\_\_

Number of Employees \_\_\_\_\_

Dues Investment (see schedule) \$ \_\_\_\_\_

**TOTAL DUES PAID:** \$ \_\_\_\_\_

Enclosed is my check payable to "CLIA"

Charge my:  Visa  MasterCard  AmEx

Split my dues into two equal payments I authorize the 1st payment be charged to my credit card immediately and the 2nd payment no sooner than 6 months before my membership expires. There will be a \$25 administrative fee for Split Dues option.

Acct. No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

#### AUTHORIZATION:

*I understand that by providing my contact information and signing this form, I consent to receive print and electronic communications sent by or on behalf of CLIA. CLIA dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a necessary and ordinary business expense. In accordance with the Omnibus Budget Reconciliation Act of 1993, CLIA reasonably estimates that 16% of your dues are allocable to non-deductible business expenditures. Further information on this tax law should be obtained from your tax advisor.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_