



Independent
Lodging
Industry
Association

ILIA Associate Member Application

I hereby apply to join ILIA as an associate member.

Membership is valid for 12 consecutive months—expires on your anniversary date.

Associate Member — \$750

Please Print All Information Clearly and Legibly

PRIMARY CONTACT _____

TITLE _____

COMPANY NAME _____

TYPE OF BUSINESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (____) _____ FAX (____) _____

WEB SITE _____ E-MAIL _____

Please list up to (3) persons from your company that you would like to add to the ILIA secondary contact list.

1 NAME _____

3 NAME _____

E-MAIL _____

E-MAIL _____

PHONE _____

PHONE _____

2 NAME _____

E-MAIL _____

PHONE _____

Become a Premier Sponsor!

For more information call ILIA at (916) 925-2915 or
e-mail info@independentlodging.org

Marketing Investment

Please make membership investment payable to: **Independent Lodging Industry Association (ILIA)**

ANNUAL ASSOCIATE MEMBERSHIP INVESTMENT \$ _____

Check enclosed for \$ _____ or charge my   

Card Number _____ Expiration Date _____

Cardholder's Name _____ Card Security Code _____

APPLICANT'S SIGNATURE _____ DATE _____

Note: Membership investments are not deductible as charitable contributions, but may be deductible as an ordinary and necessary business expense. A portion of the investment, however, is not deductible as an ordinary and necessary expense to the extent that ILIA engages in lobbying. The non-deductible portion is estimated to be 16 percent.

Please mail, fax or e-mail your application / payment* to:

Mail: Independent Lodging Industry Association (ILIA), 1017 L Street, #527, Sacramento, CA 95814-3805

Fax: (916) 686-1321 **E-mail:** info@independentlodging.org

**After the application is processed, your credit card information will be destroyed.*