



Mississippi Hotel & Lodging Association

Referred By: _____

ALLIED MEMBERSHIP APPLICATION

Please complete all information and return with your Dues check in the amount of \$400.00 to the MH&LA Headquarters Office address below. MH&LA's new **Website** is nearing completion and will include information about all of our Lodging & Allied Members. The "**Members Only**" page will lead our Allied Members to the **specific contact names, phone numbers, Email addresses, etc. of all of our Lodging Members**. Additionally, it will include the ability for our Lodging Members to access names and contact information about our Allied Members, according to their product or service., which is a frequent request from our Lodging Members. Therefore, please be specific in providing complete information about your Product or Service below, in order that you are included in all applicable categories. In addition to other Membership Benefits, MH&LA Allied Members receive and are included on the MH&LA Membership List, and have the opportunity to participate in all MH&LA events, including **Annual Membership Meetings**, and all monthly **Chapter Meetings**, where Allied Members exchange input and share **interaction with the Lodging Members**.

Name of Business _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____ Web Site _____

Telephone _____ Toll Free _____ Fax _____

Representative:

Name _____ Title _____ Email _____

Mailing Address _____ City,State,Zip _____

Telephone _____ Fax _____ Other _____

Name, Address, Telephone, Fax & Email of Person(s) to receive mailings _____ in addition to _____ instead of above:

Name _____ Title _____ Email _____

Mailing Address _____ City,State,Zip _____

Telephone _____ Fax _____ Other _____

Name _____ Title _____ Email _____

Mailing Address _____ City,State,Zip _____

Telephone _____ Fax _____ Other _____

By signature below, I agree to abide by the Bylaws, Code of Ethics, rules and regulations and all resolutions of the Mississippi Hotel & Lodging Association which are now in effect or that may hereafter be adopted.

Signature _____ Date _____

Enclosed is Dues Check in the amount of \$_____ (Check payable to: Mississippi Hotel & Lodging Association)

Annual Dues: Allied Membership
Allied Membership.....\$400.00 Annual Dues

Headquarters Office:

829 Vieux Marche / P.O. Box 116 * Biloxi, MS 39533 * Tel: 228-374-8611 * Fax: 228-435-0630 * Email: MSHotel@aol.com CHARTER

BOAT BOOKING SERVICE: 888-565-1122

Jackson Legislative Office:

P.O.Box 3026, 200 N. Congress, Suite 308 * Jackson, MS 39207 * Tel: 601-352-7646 * Fax: 601-352-7131 * Email: jms@gpac.net