



Mississippi Hotel & Lodging Association

Referred by: _____

LODGING MEMBERSHIP APPLICATION

(Print or type information)

Property Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____ Web Site _____

Telephone _____ Toll Free _____ Fax _____

Number of Rooms/Units _____ Email _____

General Manager/VP/Director of Hotel Operations:

Name _____ Title _____ Email _____

Telephone _____ Fax _____ Other _____

Owner:

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 _____

The Applicant hereby applies for active membership in the Mississippi Hotel & Lodging Association, and agrees to abide by the Bylaws, Code of Ethics, rules and regulations and all resolutions of the Association, now in effect or may hereafter be adopted. The membership shall continue in effect until notice of resignation is received and accepted by the Association.

Signature _____ Date _____

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

Annual Dues Calculation: Lodging Membership

1 – 75 rooms/units.....\$ 250.00	151 – 200 rooms/units.....\$ 650.00
76 – 100 rooms/units.....\$ 350.00	201 – 500 rooms/units.....\$ 850.00
101 – 150 rooms/units.....\$ 450.00	500 + rooms/units.....\$1,000.00

Headquarters Office:

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

Jackson Legislative Office:

P.O.Box 3026, 120 N. Congress, Suite 610 * Jackson, MS 39207 * Tel: 601-352-7646 * Fax: 601-352-7131 * Email: jms@gpac.net