

VBHA PROPERTY MEMBER APPLICATION
July 1, 2017 to June 30, 2018

Hotel Name: _____

Street: _____ Zip: _____

Mailing Address (IF different from above): _____

Closed during winter season? If yes, what dates are you closed: _____

If your property is ***not*** open year round, please write below the approximate dates are you closed:
_____. If we need to send correspondence during the
time you are closed, please print below a contact name, email address and phone number:

If property is under construction, what date do you plan to be open for business? _____

General Manager's Name: _____

GM Email Address: _____
(If the person listed above has a different title than General Manager, please write correct title after the name)

Director of Sales' Name: _____

DOS Email Address: _____
(If the person listed above has a different title than Director of Sales, please write correct title after the name)

Please print Full Name AND Email Addresses for individuals to receive VBHA meetings/event information:

Assistant GM: _____

Corporate Contact: _____

Human Resources: _____

Sales: _____

Marketing: _____

Front Desk Supervisor: _____

Housekeeping Supervisor: _____

Total Number of Rooms: _____ Fax Number: _____ Green Certified?

Local **AND** Toll Free Phone Number (inc. ext): _____

Website: _____ Facebook address: _____

Name of Management Company (if applicable): _____

Hotel Owner's Name (if applicable): _____

Membership Dues are calculated at \$10.00 per room (or \$250.00 minimum fee ***if*** your property has a total of **25 rooms or less**).

VBHA Contributes 15% of your membership dues to the Political Action Committee. Please initial below your decision to opt in or opt out of the PAC.

YES, I want to contribute 15% of my dues to the PAC

NO, I do NOT want to contribute 15% of my dues to the PAC
(100% of the Total Amount Due above to go directly to the VBHA)

Contributions to the Political Action Committee are purely voluntary and are NOT tax deductible.

Please complete and return this form with your check payable to VBHA and mail to the address printed below.

Name/Title of person completing this form: _____