



COMPANY INFORMATION & PRIMARY CONTACT			
Company Name:			
Company Address:			
Primary Contact:			
Title:			
Primary Contact E-Mail:			
Website:			
Telephone No.:		Fax No.:	
SECONDARY CONTACT (IF APPLICABLE)			
Name:			
Title:			
Telephone No.:		Fax No.:	
COMPANY/SERVICE DESCRIPTION			
Please provide description of your company's product/service:			
ANNUAL MEMBERSHIP DUES (CHECK CIRCLE APPLICABLE)			
<input type="radio"/> 1-10 Employees \$50	<input type="radio"/> 11-25 Employees \$125	<input type="radio"/> 26-50 Employees \$250	<input type="radio"/> 51 Employees or More \$500
Affiliate Membership:			
<input type="radio"/> Silver \$100	<input type="radio"/> Gold \$1,000		<input type="radio"/> Platinum \$2,000
PAYMENT INFORMATION			
Type of Payment:		<input type="radio"/> Check Enclosed (Payable to Lake Havasu Hospitality Association)	
We hereby submit our Membership Application for membership in the Lake Havasu Hospitality Association			
Signature of Primary Contact			Date: