ASSOCIATE MEMBER APPLICATION

☐ Associate Members $500

(above rate effective July 1, 2009 – June 30, 2010)

Company Name: _____

Name/Title of Person to Receive Correspondence: _____

_____

Address: _____

_____

Phone: _____ Fax: _____

E-mail Address: _____

Web Address: _____

County (if within PA): _____

20-word description of your company's products/services: _____

_____

_____

_____

_____

Signature of Applicant: _____

The above signed hereby agrees to abide by the Articles of Incorporation and By-Laws, and to support the goals and objectives of the PA Tourism & Lodging Association .

Return to: PA Tourism & Lodging Association
PO Box 12025
Harrisburg, PA 17108-2025

FAX: 717-232-8948

PAYMENT INFO:

Amount enclosed: $_____

METHOD OF PAYMENT

☐ Check/Money Order
Make checks payable to **PA Tourism & Lodging Association**

☐ American Express ☐ VISA
☐ Mastercard ☐ Discover

Credit Card Account Number

		/		

Expiration Date Verification Code

Cardholder's Signature _____

Credit Card Billing Address _____

_____

_____