



# ASSOCIATE MEMBER APPLICATION

ASSOCIATE MEMBERS . . . . . \$500  
(above rate effective July 1, 2008– June 30, 2009)

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_