



NYSH&TA ALLIED MEMBERSHIP APPLICATION

Business Information

COMPANY NAME: _____

CONTACT: _____ TITLE: _____

WEB SITE: _____ E-MAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____ COUNTY: _____

PHONE: _____ FAX: _____ TOLL FREE: _____

Please list a second contact person to receive e-mail alerts, association e-news and legislative updates:

Name: _____ Title: _____

E-Mail: _____

Investment Schedule

MEMBERSHIP	DESCRIPTION	DUES CODE	ANNUAL DUES
Allied	Suppliers to the hospitality & tourism industry	100	\$275

General Information

PRODUCTS YOU OFFER/AREAS OF EXPERTISE: _____

SELECT THE APPROPRIATE CATEGORIES THAT APPLY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Environmental Control | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Amenities | <input type="checkbox"/> Equipment Sales/Services | <input type="checkbox"/> Information Processing |
| <input type="checkbox"/> Communication Systems/Services | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Operational Services |
| <input type="checkbox"/> Construction, Design, Renovation | <input type="checkbox"/> Furnishings | <input type="checkbox"/> Safety/Security |

PLEASE COMPLETE REVERSE SIDE

Credit Cards Accepted

American Express _____ MasterCard _____ Visa _____ Discover _____

ARE YOU AN MHS? (Master Hotel Supplier) Yes No

WOULD YOU BE INTERESTED IN SPONSORING AN EDUCATION SEMINAR OR ANOTHER NYSH&TA EVENT? Yes No

NYSH&TA Guarantee Program

NYSH&TA believes in the benefits of membership so deeply that it guarantees your satisfaction. If you are dissatisfied with your first year of membership in the association for any reason, we will provide you with a second year at no cost to you to let us try to correct the area in which you were dissatisfied. Nonetheless, to receive that guarantee you will need to meet the following criteria:

- The new member has paid their membership dues in full and has spent a full twelve months in membership.
- The new member has attended at least one (1) NYSH&TA annual conference or educational seminar.
- The new member has attended at least one (1) NYSH&TA legislative reception.
- The new member has enrolled in at least one (1) Preferred Program.
- The new member, who is a member of both organizations, has made at least three (3) research-related inquiries to the AH&LA Information Center or NYSH&TA’s membership resource center during their year in membership.
- The new member has provided to NYSH&TA and AH&LA (if applicable), in writing, a detailed explanation as to why membership is no longer important to them.

Contract

The applicant hereby agrees to abide by the constitution, bylaws, rules and regulations and all resolutions that may be henceforth adopted by the New York State Hospitality & Tourism Association, Inc.

Under the bylaws of the New York State Hospitality & Tourism Association, Inc. your application for membership must be submitted to the NYSH&TA Board of Directors, and your membership is subject to approval by the board.

Application for membership must be accompanied by one year’s dues. All membership cancellations must be received in writing with dues remaining payable through the end of the current calendar quarter.

Membership dues for NYSH&TA and AH&LA are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities.

Name and Title of Individual Authorizing Membership:

(name) *(title)*

(signature) *(date)*

Referred by: _____

Payment Information

Please return this form, your business card, and brochure along with your check or charge information to:
New York State Hospitality & Tourism Association
80 Wolf Road, Albany, NY 12205 Fax: (518) 465-4025

- Enclosed please find a check for \$275 payable to the *New York State Hospitality & Tourism Association*.
- Please charge \$275 to the following credit card account:

Credit Card #: _____ Expiration Date: _____

- American Express MasterCard Visa

Name on Card: _____

Signature: _____