



### NYSH&TA PARKS & ATTRACTIONS COUNCIL MEMBERSHIP APPLICATION

#### Business Information

FACILITY 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: \_\_\_\_\_

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(Your property's physical address will determine your listing on the NYS Travel Map. Complete only if different from mailing address.)

PROPERTY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ COUNTY: \_\_\_\_\_

#### Investment Schedule

MEMBERSHIP	DESCRIPTION	DUES CODE	ANNUAL DUES
Amusement Parks	Any person, firm or corporation owning, operating or managing a tourist attraction in New York State with a majority of business being operational rides (e.g. theme parks, water slide parks, etc.). (Council dues \$60)	111	\$300
Attractions	Any person, firm or corporation owning, operating or managing a tourist attraction in New York State (e.g. museums, historical sites, zoos, etc.). Ski areas are also included in this category. (Council dues \$35)	110	\$200

#### Facility Information

Please complete the following for NYSH&TA's *Travel Map of New York State*. Please include all necessary information about your facility (e.g., months the facility is open to the public, operating hours, special features, admission, etc.). Please limit description to 45 words maximum.

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## Credit Cards Accepted

American Express \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

## 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)

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

American Express  MasterCard  Visa

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_