

Membership Application

COMPANY INFORMATION & PRIMARY CONTACT

Company Name: _____

Company Address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Toll Free: _____ Fax: _____

Website: _____

PRIMARY CONTACT

Name: _____ Title: _____ Email: _____

ADDITIONAL CONTACTS

Mr. Ms. _____ Title: _____ Email: _____

Mr. Ms. _____ Title: _____ Email: _____

Mr. Ms. _____ Title: _____ Email: _____

Mr. Ms. _____ Title: _____ Email: _____

PRODUCT/SERVICE DESCRIPTION (This description will be used on the NMHA website.)

Please provide a 25-30 word description of your company's product/service: _____

MAILING/BILLING INFORMATION (If different than above, please complete.)

Billing Business Name: _____

Billing Contact: _____

Billing Address: _____

City: _____ Zip Code: _____ County: _____

MEMBERSHIP INVESTMENT

DMO/CVB/Chamber/City, State, or Govt. Municipality

Assessed by Annual Operating Budget

- | | |
|--|---------|
| <input type="checkbox"/> Under \$100,000 | \$300 |
| <input type="checkbox"/> \$100,000 - \$500,000 | \$550 |
| <input type="checkbox"/> \$500,000 - \$1million | \$975 |
| <input type="checkbox"/> \$1million - \$2million | \$1,150 |
| <input type="checkbox"/> \$2million and above | \$2,200 |

Tourism Business, Corporation, or Nonprofit

Assessed by Number of Employees

- | | |
|--|-------|
| <input type="checkbox"/> 1 - 10 full time employees | \$250 |
| <input type="checkbox"/> 10 - 49 full time employees | \$400 |
| <input type="checkbox"/> 50 - 99 full time employees | \$575 |
| <input type="checkbox"/> 100 + full time employees | \$800 |

Signature: _____ Title: _____ Date: _____

We hereby submit our application for membership in the New Mexico Hospitality Association.

1420 Carlisle Blvd, St. 210 | Albuquerque, NM 87110 | 505-506-8624