

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

Professional Services (Marketing, Accounting, Legal), Suppliers (Food Distributor, Utility, Telecommunications), Restaurant, Trade Association

Assessed by Number of Employees

- 1 - 10 full time employees \$250
- 10 - 49 full time employees \$400
- 50 - 99 full time employees \$575
- 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