

Membership Application

PROPERTY INFORMATION

Property Name: _____

Property Address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Toll Free: _____ Fax: _____

Website: _____

Reservation E-mail: _____

Number of Rooms: _____

Type of Rooms: Rooms Suites Cabins Condos Other: _____

Would you describe your property as?

- | | | |
|---|--|---|
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Hotel – Limited Service | <input type="checkbox"/> Spa/Resort |
| <input type="checkbox"/> Casino/Resort | <input type="checkbox"/> Motel | <input type="checkbox"/> Vacation Rental |
| <input type="checkbox"/> Hotel – Full Service | <input type="checkbox"/> Resort | <input type="checkbox"/> Other accommodations |

PRIMARY CONTACT

Name: _____ Title: _____ Email: _____

Key Personnel (Please complete all positions that are different than primary contact.)General Manager: Mr. Ms. _____ Email: _____Director of Sales: Mr. Ms. _____ Email: _____HR Director: Mr. Ms. _____ Email: _____Controller: Mr. Ms. _____ Email: _____Director of Housekeeping: Mr. Ms. _____ Email: _____Maintenance Engineer: Mr. Ms. _____ Email: _____Front Office Manager: Mr. Ms. _____ Email: _____**MAILING/BILLING INFORMATION** (If different than above, please complete.)

Billing Business Name: _____

Billing Contact: _____

Billing Address: _____

City: _____ Zip Code: _____ County: _____

MEMBERSHIP INVESTMENT

Assessed according to number of rooms.

- | | |
|---|-------------|
| <input type="checkbox"/> Under Construction | \$300/yr |
| <input type="checkbox"/> 50 or Less | \$300/yr |
| <input type="checkbox"/> 51-150 | \$9.40/room |
| <input type="checkbox"/> Over 151 | \$9.70/room |

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