



Always Room for More!



B&B MEMBER APPLICATION

Date: _____

Property Name:

Title (Innkeeper/Manager):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____ E-Mail: _____

CLA Annual Dues Investment

Membership Dues Computation:

Room Count: _____

Food & Beverage Operation: Yes _____ No _____

Bed & Breakfast/Inn:

CLA Membership 1 – 9 rooms	\$100/year
CLA Membership 10 and over rooms	\$300/year
Add AH&LA Membership	\$2 per room

Total Membership Fee Due: \$ _____

___ Find check payable to: CT Lodging Association, P.O. BOX 1576, New Haven, CT 06506

___ Bill my credit card: _____ MC _____ VISA _____ AMEX

CC#: _____ CVV _____

Exp.: _____ Signature: _____