



CLA ALLIED MEMBERSHIP APPLICATION/ Education

Date: _____

Company Name: _____

Contact Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____ E-Mail: _____

Company Description (Maximum 30 words):

Membership Dues: \$150.00 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#: _____

Exp.: _____ Signature: _____