



PROPERTY MEMBERSHIP APPLICATION

Date: _____

Property Name: _____

Name & Title (GM/Owner): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____ E-Mail: _____

CLA Annual Dues Investment

Membership Dues Computation:

Room Count: _____

Food & Beverage Operation: Yes _____ No _____

35 rooms and under	\$300/year
36-50 rooms	\$300 + \$5.00 per room
51 rooms and over	\$8.40 per room

Total Membership Fee Due: \$ _____

Find check payable to: CLA, 545 Long Wharf Drive 4th Floor, New Haven, CT 06511

Bill my credit card: MC VISA AMEX

CC#: _____

Exp.: _____ Signature: _____