



LIHLA
P.O. Box 403
Greenlawn, NY 11740

Long Island Hospitality and Leisure Association

Hospitality Industry Professionals
Membership Application

****Annual Membership Dues are \$200.00 for all Hospitality Industry Professionals. The membership dues cover membership from April 1st through March 31st. Membership dues are \$200.00 regardless of when one joins.***

First Name: _____ Last Name: _____

Job/Position Title: _____

Company/Organization: _____

Street Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

May the above information be listed on the LIHLA website? Yes No

May your e-mail be used to send you updates regarding the LIHLA? Yes No

If you are a hotelier, is your hotel independently owned? Yes No

If you are a hotelier, does the property have an outside management company? Yes No

If you are a hotelier or have event space, would you consider hosting and LIHLA event? Yes No

If you are a hospitality industry professional, would you like to be considered for an LIHLA Board Member position?
 Yes No

If yes, please select the area you may be interested in, and would like to be considered for:

Membership Development PR/Marketing Charitable Events

Legislative/Legislature Relations Guest Speaker(s) Relations University Relations

****Please have your 2017/2018 dues paid by April 30th 2017. Please send a check payable to: LIHLA, P.O. Box 403, Greenlawn, NY 11740. Please make payment with a copy of your completed application. Please make sure your check has your name, or the name of your company as reference.***