



LIHA
NEW P.O. Box 824
East Northport, NY 11731
LIHospitalityAssociation@gmail.com
www.LIHLA.com

Professionals Membership Application

First Name: _____ Last Name: _____

Job/Position Title: _____

Company/Organization: _____

Street Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Applicable Membership: (Check One)

- Full Member - Annual Membership Dues = \$250**
 - Any person, firm or corporation owning, managing or representing one or more lodging or hospitality establishments (restaurants, catering facilities, theme parks, museums, historical sites, tourist attractions, entertainment facilities, and other affiliated organizations) in Nassau or Suffolk Counties.
 - Any person, firm or corporation owning, managing, operating or representing more than one lodging or hospitality establishment shall only be entitled to one full membership unless such person, firm or corporation elects to pay a full membership fee for each such lodging or hospitality establishment that shall have a full membership.

- Affiliate Member - Annual Membership Dues = \$250**
 - Any person, firm or corporation providing goods or services to the LIHLA or any of its Full Members.
 - Affiliate Members shall be voting members, and they shall be eligible to serve as Officers or as members of the Board of Directors and shall have the right to attend all meetings of the Full Members.

- Educational Institution Member - Annual Membership Dues = \$350**
 - Any accredited academic institution offering programs in Hospitality related industries.
 - Hospitality faculty representatives shall be eligible to serve as Officers or as members of the Board of Directors and shall have the right to attend all meetings of the Full Members.

May the above contact information be listed on the LIHA website? _____ Yes _____ No

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

If you are a hotelier or have event space, would you consider hosting an LIHA event? _____ Yes _____ No

Would you like to be considered for an LIHA General Board Member position? _____ Yes _____ No

* Membership dues cover membership from April 1st through March 31st. Please have your 2018/2019 dues paid by April 30th 2018. Please send your completed application and a check payable to: **LIHA, P.O. Box 824, East Northport, NY 11731**. Please make sure your check has your name, or the name of your company as reference.