

## **Corporate Membership Application**

## **COMPANY INFORMATION** Company Name: \_\_\_\_\_ Company Address: City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone: Toll Free: Fax: Website: **PRIMARY CONTACT** □ Mr. □ Ms.: Title: E-Mail: Mailing Address (if different than above): City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ PROPERTIES OWNED/MANAGED Corporate Members must represent a Franchise Company or own and/or manage at least one Arizona based property and have that property be a current member in good standing. Please list at least one of your Arizona lodging establishments your company owns or manages. VHRA ANNUAL CORPORATE MEMBERSHIP INVESTMENT \$300.00 **Payment Information** Billing Contact: \_\_\_\_\_ Title: \_\_ Types of Payment: □ Check Enclosed (Please make payable to: Valley Hotel & Resort Association) □ Master Card □ Visa Account #: \_\_\_\_\_ Security Code: \_\_\_\_\_

We hereby submit our application for membership in the Valley Hotel & Resort Association Up to 70% of your Membership Investment may be deductible as a necessary business expense. Please consult with your Tax Advisor.

Cardholder: Signature: Date: