



APPLICATION FOR ALLIED MEMBERSHIP

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website Address: _____

In 35 words or less, describe your products and/or services: _____

CONTACT INFORMATION

Primary Contact Name (main delegate for all communication): _____

Title of Primary Contact: _____

Email Address: _____

Second Contact Name (to receive HAWDC publications): _____

Title of Secondary Contact: _____

Email Address: _____

Did someone refer you to us? If so, who? _____

PAYMENT

Accepted Methods of Payment: Check, Money Order, Visa, Master Card, and American Express

I authorize the Hotel Association of Washington, D.C., Inc. to charge my credit card \$500. Membership is \$500, and renewable each calendar year.

CREDIT CARD NUMBER: - - -

CVV/CVC2 (the three security digits located on the back of the card, or the four digits located on the front of American Express)

CARDHOLDER NAME: _____
PLEASE PRINT NAME AS IT APPEARS ON THE CREDIT CARD

CARDHOLDER'S SIGNATURE: _____ EXPIRATION DATE: _____
mm/yy

Mailing your application and payment? Please mail to: Hotel Association of Washington, D.C., Inc., 1225 New York Ave., N.W., Suite 250, Washington, D.C. 20005

**Please forward your application to Ejigayehu Diriba at ejigayehu@hawdc.com. A member of our staff will contact you when the application has been received. Thank you.*