

Central Florida Hotel and Lodging Association

2026 Management Company Membership Application



Our Mission Statement: We represent the Central Florida Hospitality Industry, by setting the standard of excellence through advocacy, collaboration, education, recognition, and service.



Company Name: _____
Primary Contact: _____
Title/Position: _____
Mailing Address: _____
Office Phone: _____
Email Address : _____ Website: _____
Referred by: _____

Additional Contacts:

1. Name: _____ Title: _____ Email: _____
2. Name: _____ Title: _____ Email: _____
3. Name: _____ Title: _____ Email: _____
4. Name: _____ Title: _____ Email: _____

PAYMENT MUST ACCOMPANY ENROLLMENT FORM.

VISA Master Card American Express Check # _____

Card Number: _____ Exp: _____ CVV: _____

Name on Card: _____

Billing Address: _____

Signature: _____

(if paying with credit card there will be a 3% processing fee added)

New Management Membership Dues: \$500

Optional: Unlimited Job Postings: \$100

Optional: Contribution to the CFHLA PAC: \$30

Optional: Contribution to the CFHLA Foundation: \$30

Total Amount Remitted: _____

Please return to:

Jonathan Watson

Email: jonathan.watson@cfhla.org

Membership Dues are based on the Calendar Year and will expire on December 31, 2026