

Central Florida Hotel and Lodging Association

2026 New Non-Profit/Educational 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.



Organization Name: _____

Primary Contact: _____

Title/Position: _____

Type of Organization/Description: _____

Mailing Address: _____

Office Phone: _____ Cell 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. NEW 2026 Non-Profit/Educational Membership Dues: \$500

VISA Master Card American Express Check # _____

Card Number: _____ Exp: _____ CVV: _____

Name on Card: _____

Signature: _____

Billing Address: _____

NEW Non-Profit/Educational Membership Dues: \$500

Total Amount Remitted: _____

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

Please return to:

Jonathan Watson

Email: jonathan.watson@cfhla.org