

Central Florida Hotel and Lodging Association

2025 Allied Membership Application



Mission Statement:

Advancing Tourism and the Community Through Hospitality



Company Name: _____

Primary Contact: _____

Title/Position: _____

Type of Business/Business 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 2025 Allied Member Dues: \$749

VISA Master Card American Express Check # _____

Card Number: _____ Exp: _____ CVV: _____

Name on Card: _____

Signature: _____

Billing Address: _____

NEW Allied Member Company: \$749

**Weekly Building Permits and New Businesses Optional:
\$100**

Total amount Due: _____

***Membership Dues are based on the Calendar Year and will
expire on December 31, 2025.***

I agree to CFHLA's Code of Conduct Policy

Signature _____

Please return to:

Email: erin.walsh@cfhla.org