

# Central Florida Hotel and Lodging Association

## 2026 New Allied 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: \_\_\_\_\_  
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 2026 Allied Membership Dues: \$749

VISA    Master Card    American Express    Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

**NEW Allied Membership Dues: \$749**

**Optional: Weekly Building Permits and New Businesses: \$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](mailto:jonathan.watson@cfhla.org)**

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