

Central Florida Hotel and Lodging Association

2027 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 2027 Allied Membership Dues: \$775

☐ 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: \$775

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

Membership Dues are based on the Calendar Year and will expire on December 31, 2027.

Notice Regarding Deductibility of Dues

*For **Tax Year 2027**, Central Florida Hotel & Lodging Association estimates that **3%** of your dues are allocable to lobbying activities and are therefore **not deductible as an ordinary and necessary business expense** for federal income tax purposes. Please consult your tax advisor regarding the deductibility of your dues. Questions may be directed to Thomas Ramgadoo in the Accounting Department at t.ramgadoo@cfhla.org / 407-973-1005.*