Central Florida Hotel and Lodging Association

2027 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, 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**.*