

LODGING MEMBER

Membership Application

DATE ____/____/____



Name of Property		Referring Member	
General Manager		Email	
Address		City	State Zip
Phone ()	Fax ()	# Rooms	Website

Please include other staff member to take full advantage of membership.

Director of Sales	Email
Director of Human Resources	Email
Controller	Email
Director of Housekeeping	Email
Facilities Director	Email
Front Office Manager	Email

Credit cards accepted: VISA MasterCard American Express (check one)

Name on Card:	Exp. Date:	Amount \$
Card #:	CSC Code	
Signature	Zip Code	

REGULAR MEMBER
\$100 + \$3.00 per Room
(If rooms are LESS than
100, base rate is
waived.)

BED & BREAKFAST
\$100 only

PLEASE RETURN COMPLETED FORM TO:

SOUTHERN ARIZONA LODGING & RESORT ASSOCIATION
660 S. Country Club Rd.
Tucson, AZ 85716
(520) 207-9931

FAX this form with credit card info to (520) 323-3399
or Email to brent@salara.org

Calculate Dues

Number of Units _____
X \$3.00 ea.

=Room Fee _____

Base Fee + \$100 .00

TOTAL \$ _____

Once approved, membership continues until terminated by **SALARA** or your resignation is received. Renewal invoices are sent annually.

Membership allows any staff member from your property to attend lunch meetings at reduced member rates.