



COMPANY INFORMATION & PRIMARY CONTACT	
Company Name:	
Company Address:	
Primary Contact:	
Title:	
Primary Contact E-Mail:	
Website:	
Telephone No.:	Fax No.:
SECONDARY CONTACT (IF APPLICABLE)	
Name:	
Title:	
Telephone No.:	Fax No.:
COMPANY/SERVICE DESCRIPTION	
Please provide description of your company's product/service:	
ANNUAL MEMBERSHIP DUES (CHECK CIRLE APPLICABLE)	
GENERAL MEMBERSHIP AMOUNT	_____ \$50
Affiliate Membership:	
_____ Silver \$500	_____ Gold \$1,000
_____ Platinum \$2,000	
PAYMENT INFORMATION	
Type of Payment:	_____ Check Enclosed (Payable to Lake Havasu Hospitality Association)
We hereby submit our Membership Application for membership in the Lake Havasu Hospitality Association	
Signature of Primary Contact	Date: