



HOSPITALITY
INDUSTRY
ASSOCIATION

Membership Application

Personal Information:

Name: _____

Occupation/Title: _____

Company: _____

Address: _____

City: _____

Work Phone: _____

Fax Phone: _____

Other Phone: _____

E-mail: _____

Website: _____

Membership Type:

- _____ Corporate (\$500 per year)
- _____ Sponsoring Membership (\$250 per year)
- _____ Regular Membership (\$150 per year)

All applications must be accompanied by a check made payable to HIA.

Signature of applicant: _____

Please mail your application with check to (NEW ADDRESS):

HIA
P. O. Box 420526
San Francisco, CA 94142

Thank you!