



HOSPITALITY  
INDUSTRY  
ASSOCIATION

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**Personal Information:**

**Membership Application**

Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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:**

HIA  
P. O. Box 411166  
San Francisco, CA 94141

**Thank you!**