



LA QUINTA AAHOA MEMBERSHIP APPLICATION

If you need assistance, please call AAHOA at (404) 816-5759.

- Lifetime Membership**

 Future Hotelier
Available to children age 25 and younger if their parent is a paid member.

 LQ Annual AAHOA Select Brand Partner Membership
Valid for 365 days from the payment of dues

PLEASE PRINT ALL INFORMATION CLEARLY

Primary Member	First Name	MI	Last Name	AAHOA ID #
Property/Company Name and LQ Identifier				
Home Mailing Address (Necessary for voting eligibility and elected office qualifications)			City	State
E-mail			Birth Year	
Business Phone			Mobile Phone	
Annual and Lifetime Memberships include the primary member and spouse. If you are NOT married, or if you do NOT wish to include your spouse as a member, please check the appropriate box: <input type="checkbox"/> I am NOT married <input type="checkbox"/> I do NOT wish to include my spouse				
Spouse Member	First Name	MI	Last Name	AAHOA ID #
E-mail			Birth Year	
Business Phone			Mobile Phone	
If you have any children age 25 or younger that you would like to include with your membership for FREE as Future Hotelier members, please provide name(s) in the spaces provided below. Future Hoteliers are NOT eligible to vote in the annual elections.				
Future Hotelier	First Name	MI	Last Name	Date of Birth
Future Hotelier	First Name	MI	Last Name	Date of Birth

Please return this form with your payment. Membership fees are non-refundable.

If returning via email, please email to info@aahoa.com. | If returning via fax, please fax to (404) 816-6260.

- Lifetime Membership - \$3,000
 Future Hotelier - \$0
 LQ Annual AAHOA Membership - \$0

Please make Membership checks payable to: **AAHOA | 1100 Abernathy Road, Suite 725, Atlanta, GA 30328**

For payment by credit card, please fill in the following: American Express / Discover / MasterCard / Visa

Card Number _____ Exp. _____ Security Code: _____

Total Payment \$ _____ Signature _____

- Check here if you want AAHOA to automatically renew your membership dues each year using the above credit card information.

PAC Donation (optional)
<i>Recommended PAC Donation Amounts - \$101, \$365, \$1,001, and \$5,000</i>

Please make PAC checks payable to: **AAHOA PAC | 5845 Richmond Highway, Suite 820, Alexandria, VA 22305**

For payment by credit card, please fill in the following: American Express / Discover / MasterCard / Visa

Card Number _____ Exp. _____ Security Code: _____

Total Payment \$ _____ Signature _____

- I understand that the acceptance and use of corporate funds by AAHOA's PAC is strictly prohibited by law. My donation is either a personal contribution, or from a partnership or sole proprietorship. If paying by a partnership or sole proprietorship, please fill in the following:

Company Name and Mailing Address _____

I understand the purpose of AAHOA PAC and that all contributions are voluntary. All contributions to AAHOA PAC are for political purposes. I am a U.S. citizen or foreign citizen lawfully admitted for permanent U.S. residence. I understand that federal law requires AAHOA PAC to make its best effort to report to the Federal Election Commission the name, address, occupation, and name of the employer of the contributor and the date and contribution amount for each individual whose contribution exceeds \$200 per calendar year. Compliance with the Tax Reform Act of 1993 requires that the portion of dues attributable to lobbying and political activities is considered nondeductible for income tax purposes. This nondeductible portion must be disclosed to members on their dues invoice each year. For the current membership year, AAHOA is, in good faith, estimating that 5% of your dues will constitute non-deductible lobbying expenses.

By submitting this application, I authorize AAHOA to share my name and contact information with AAHOA's active Club Blue, Platinum, Silver, and Allied Members. I understand that I may be asked to leave AAHOA events and/or my membership may be terminated if I use my AAHOA membership to solicit for business reasons AAHOA members or those attending AAHOA events. By submitting this application, I authorize AAHOA to share my name and contact information (including address on record, organization, and phone number) with AAHOA's active Allied and Industry Partners. I understand that by becoming a member, I consent to receive AAHOA marketing emails, the weekly newsletter, and monthly magazine. I also understand that AAHOA may use my photo/testimonial in marketing materials, social media posts, and other materials. I can inform AAHOA that I no longer consent by contacting info@aahoa.com.