



2019 AAHOA ALLIED MEMBERSHIP APPLICATION

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

I hereby apply to join AAHOA as an Allied Member. This membership is valid for the 2019 calendar year only (January 1 – December 31, 2019). I am applying for the membership and/or sponsorship below:

Allied Membership: \$1,995 thru 12/31/2019

PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY

	First Name	MI	Last Name
Title			
Company Name			Company Type
Mailing Address			
City			State
			Zip
E-mail		Website	
Company Phone		Main Contact Phone <i>(must be different)</i>	Fax

List up to (4) persons that you would like added to the AAHOA mailing list as secondary contacts:

First	MI	Last	First	MI	Last
Company			Company		
Address			Address		
City		ST	City		ST
		Zip			Zip
E-mail			E-mail		
Phone		Fax	Phone		Fax

First	MI	Last	First	MI	Last
Company			Company		
Address			Address		
City		ST	City		ST
		Zip			Zip
E-mail			E-mail		
Phone		Fax	Phone		Fax

As an Allied Member, by signing below, you agree to engage in good faith and fair dealing policies and practices with AAHOA members and to stand by your products and services at all times. Further, you agree to be bound by the AAHOA Membership List License Agreement, the AAHOA Logo General Standards Guidelines, and the Allied Membership Terms and Conditions. For a review of these documents, please visit www.aahoa.com, or contact the AAHOA Sales Department at sales@aaahoa.com.

Date
Signature
Title

Town Hall Sponsorship (five Town Hall Meetings) \$3,000

Town Hall Sponsorship Benefits:

- Acknowledgement during the Town Hall Meeting
- Speech to audience
- Opportunity to network with hotel owners
- Table Top Display to showcase your products
- Company logo on Town Hall flyer

Please specify a region:

Please return this form with your payment.

Please make all checks payable to: Asian American Hotel Owners Association (AAHOA) | AAHOA LOCKBOX, P.O. Box 734642, Dallas, TX 75373-4642

If returning via email, please email to sales@aaahoa.com. If returning via fax, please fax to (404) 816-6260.

Credit Card Payments:

_____ Exp. _____ CVV PIN _____

Total Payment \$ _____ Signature _____

**Allied Members who are members of the print, television, radio, motion picture, or online media are not eligible to receive the AAHOA membership database.

By submitting this application, I authorize AAHOA to take and use my photographs and to share my name and contact information with AAHOA's active Club Blue, Platinum, Silver, and Allied Members.

Note: 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.



ALLIED MEMBERSHIP APPLICATION

Product Category – Please select up to (2) categories

Product Category 1:

Product Category 2:

Note: As an Allied Member of AAHOA, we would like to be listed under the following two (2) categories for the AAHOA Magazine, Buyers Guide, and Website.

Company Name: _____ Company ID: _____

Contact Name: _____ Phone: _____

Product Category 1: _____

Product Category 2: _____