



MASSACHUSETTS LODGING ASSOCIATION

P.O. Box 990189

BOSTON, MA 02199

TELEPHONE 617-720-1776

info@masslodging.com

Industry Partner membership application

Please complete this form and email back to the MLA for processing.

Company Name: _____

Contact Name/Title _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web site: _____

Description of Product/Service: (25-50 words) _____

Annual MLA Partner Membership dues (please select one)

____ **Platinum Membership (\$10,000)**

____ **Gold Membership (\$5,000)**

____ **Silver Membership (\$2500)**

____ **Bronze Membership (\$1,000)**

____ **Basic Membership (\$750)**

Form of payment: ____ Check Please include your check: # _____

Credit Card: ____ American Express ____ Master Card ____ VISA

Card Number: _____

Expiration Date: _____ Security Code _____ Billing Zip Code _____

Signature: _____

Name on Card: _____

Billing: _____ semi annual (available for Platinum, Gold, Silver & Bronze Membership)

The mission of the Massachusetts Lodging Association is to promote the business environment and image of the lodging industry in Massachusetts through legislative and communications initiatives, networking and educational opportunities and member-focused programs and services.