



MASSACHUSETTS LODGING ASSOCIATION

P.O. Box 990189

BOSTON, MA 02199

TELEPHONE 617-720-1776

info@masslodging.com

Property Membership Application

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

Property/Company Name: _____

Primary Contact Name/Title: _____

Email: _____

Secondary Contact Name/Title _____

Email: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web Address: _____

Property dues schedule 17 rooms or less - \$195; 18-25 rooms - \$265; 25 rooms or more, by location:

Boston/Cambridge \$20/room, Inside Route 128 - \$14/room Outside Route 128 - \$12/room

Number of Rooms: _____

Annual Dues Amount: _____

Hotel _____ Motel _____ Inn _____ B&B _____

Signature: _____ Date: _____

(Authorized signature required)

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

___ American Express ___ Master Card ___ VISA

Card Number: _____

Expiration Date: _____ Security Code _____ Billing Zip Code _____

Signature: _____

Name on Card: _____



Your Name _____ Title _____

Signature _____ Date _____

1. (Please print clearly) Property Name _____

2. Address _____

City _____ State _____ ZIP _____

3. Phone _____ 4. Toll-free _____

5. Website _____

6. Property General E-mail: _____

8. Number of Rooms _____

10. Description (25 word or less): _____
