



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): _____

