

**ALLIED MEMBER APPLICATION**

**ILLINOIS HOTEL & LODGING ASSOCIATION**

**YES!** Please include our company as a valued member of the IL Hotel and Lodging Association.

ORGANIZATION NAME ▼

CONTACT NAME ▼ TITLE ▼

MAIN PHONE/FAX ▼ EMAIL ▼

ADDRESS ▼

CITY/STATE/ZIP ▼ WEBSITE ▼

DESCRIPTION OF PRODUCT OR SERVICE ▼

**DUES MUST ACCOMPANY APPLICATION** (\$450 PAYABLE TO IHILA)

MY CHECK FOR \$ \_\_\_\_\_ IS ENCLOSED.

OR PLEASE INDICATE METHOD OF BILLING ▼

AMEX     MC     VISA     DISCOVER

CREDIT CARD # ▼ EXPIRATION DATE ▼

**APPLICANT'S SIGNATURE** (PLEASE SIGN BELOW) ▼

