

**MEMBER APPLICATION**

**ILLINOIS HOTEL & LODGING ASSOCIATION**

**YES!** Include our property as a valued member of the IL Hotel and Lodging and the American Hotel and Lodging Association.

PROPERTY NAME ▼

GENERAL MANAGER/CONTACT ▼

MAIN PHONE/FAX ▼ WEBSITE ▼

ADDRESS ▼

CITY/STATE/ZIP ▼ CHAIN/MANAGEMENT COMPANY ▼

PLEASE INDICATE METHOD OF BILLING ▼

- ANNUAL                       SEMI-ANNUAL                       QUARTERLY

DAILY ROOM RATES EFFECTIVE (FILL IN TODAY'S DATE) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ▼

SINGLE FROM \$ \_\_\_\_ TO \_\_\_\_                      DOUBLE FROM \$ \_\_\_\_ TO \_\_\_\_

SUITES FROM \$ \_\_\_\_ TO \_\_\_\_                      TOTAL # OF ROOMS \_\_\_\_\_

CHECK FACILITIES AND SERVICES OFFERED (DO **NOT** CHECK IF NOT ON PREMISES) ▼

- |  |   |
|--|---|
| <input type="checkbox"/> MTG/CONVENTION FACILITIES | <input type="checkbox"/> SMALL PETS ALLOWED           |
| <input type="checkbox"/> BUSINESS CENTER           | <input type="checkbox"/> ENTERTAINMENT                |
| <input type="checkbox"/> TENNIS                    | <input type="checkbox"/> INDOOR/OUTDOOR POOL          |
| <input type="checkbox"/> HANDICAP ACCESSIBLE       | <input type="checkbox"/> FREE (CONTINENTAL) BREAKFAST |
| <input type="checkbox"/> RESTAURANT                | <input type="checkbox"/> CABLE MOVIES                 |
| <input type="checkbox"/> FITNESS CENTER            | <input type="checkbox"/> OTHER _____                  |

**FOR IHLA OFFICE USE ONLY** (PLEASE CHECK ALL THOSE YOU'D LIKE TO RECEIVE THE ELECTRONIC MONTHLY NEWSLETTER)

- GM's EMAIL ▼                       DIRECTOR OF SALES, NAME & EMAIL ▼

- HR DIRECTOR, NAME & EMAIL ▼                       FRONT OFFICE MANAGER, NAME & EMAIL ▼

YES! I AM, OR A MEMBER OF MY STAFF IS, INTERESTED IN SITTING ON THE MEMBERSHIP COMMITTEE. PLEASE CONTACT ME AT ▼

YES! I AM INTERESTED IN UPGRADING MY FREE LISTING IN THE DIRECTORY TO A FULL-COLOR AD AT A DISCOUNTED RATE. PLEASE CONTACT ME AT ▼

NEW MEMBER SIGNATURE (PLEASE SIGN ABOVE) ▲

