



Greater New Orleans Hotel & Lodging Association

614 Canal St, Suite 100, New Orleans, LA 70130
504-525-2264

GNOHLA MEMBERSHIP INVESTMENT SCHEDULE

(All applications for membership are subject to approval by the GNOHLA Board of Directors)

HOTELS \$13.00 per room (GNOHLA) – *Minimum \$250***

MEMBERSHIP INVESTMENT APPLICATION

** = Fields that should be completed*

*Name: _____

*Title: _____

*Company: _____

*Address (include suite #): _____

*City: _____ *State: _____ *ZIP: _____

*Phone (with a/c): _____ *FAX: _____

*Email: _____ *Web: _____

*Classification of Business: _____

*Hotels: *No. of Rooms* _____

*Ownership: _____ *Management Company: _____

*Signature & Date: _____ *Referred by: _____

.....
INVESTMENT AMOUNT DUE: _____ PAID BY (Circle): **Cash** **Check*** **Credit Card**

Credit Card (Circle): **Visa** **MasterCard** **American Express** *(Use the GNOHLA Credit Card Processing Form)*

* **Make Check Payable to GNOHLA**

COMMUNICATION AUTHORIZATION: I understand, by joining GNOHLA, I give the association permission to communicate informational and promotional communications via phone, fax, and e-mail regarding activities, events, & programs.

GNOHLA's By-Laws state: "Each hotel or motel must be a member of the Louisiana (LH&LA) and American (AH&LA) Hotel and Lodging Associations". If you are a brand hotel, AH&LA dues are paid as part of your annual franchise fee, subject to the participation of the chain. You can contact AH&LA Membership division to determine if your dues are paid by your brand. To contact AH&LA, call (800) 252-2462. Independent properties can join AH&LA and remit their membership dues directly to AH&LA or via your partner state association. To contact LH&LA, call 504-525-9326.



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GNOHLA CREDIT CARD PROCESSING FORM

(* = Information required for credit card transaction)

*VISA/AMOUNT \$ _____ *MASTERCARD/AMOUNT \$ _____

*Card Numbers (16): _____

*CVV Numbers (3): _____ *Expiration Date: ____ / ____
(From Reverse)

*AMERICAN EXPRESS/AMOUNT \$ _____

*Card Numbers (15): _____

*CVV Numbers (4): _____ *Expiration Date: ____ / ____
(From Front)

*Name on CARD: _____

*Company Name: _____

*CARD Address: _____

*City: _____ *State: _____

*CARD Zip: _____

*Item / Reference Charged: _____

*SIGNATURE: _____ *DATE: _____
(If charge made in person, otherwise indicate how charge was accomplished)

NOTE: Cardholder MUST sign this form if charge is made in person.

IF YOU WOULD LIKE A COPY OF YOUR CUSTOMER RECEIPT, PLEASE PROVIDE AN E-MAIL OR PHYSICAL ADDRESS
BELOW: