



# Greater New Orleans Hotel & Lodging Association

2020 St. Charles Ave St, 5<sup>th</sup> Floor, 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** \$15.00\*\* per room through June 30, 2024 and \$16.00 thereafter (GNOHLA) – **Minimum \$300**

### **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.



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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:**