



# 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: \_\_\_\_\_

\*Property Address (include suite #): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*Billing 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: