



Associate Application

Name: _____

Owner: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Annual Dues:

<u>Number of Employees</u>	<u>Amount</u>
1-9	\$250.00
10-24	\$350.00
25-44	\$450.00
45 or more	\$600.00

Make check payable to:
Hotel & Lodging Association

Mail to:
Hotel & Lodging Association of Volusia County
1808 Concept Court
Daytona Beach, FL 32114