



Associate Application

Name: _____

Owner: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Annual Dues:

<u>Number of Employees</u>	<u>Amount</u>
1-9	\$200.00
10-24	\$300.00
25-44	\$400.00
45 or more	\$550.00

Make check payable to:
Hotel Motel Association

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