



## Membership Application

Name \_\_\_\_\_

Property/Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

FAX \_\_\_\_\_

LODGING \$4.50/Guest Room (\$150 minimum)

ASSOCIATE  
(include)

1-9 Employees.....	\$200
10-24 Employees.....	\$300
25-44 Employees.....	\$400
45+ Employees.....	\$550

STUDENT \$10/Year

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print out this form and send with payment to:

HMA VC

140 S Beach St, #101

Daytona Beach, FL 32114