

☐ Lifetime Membership

AAHOA MEMBERSHIP APPLICATION

If you need assistance, please call AAHOA at (404) 816-5759.

Annual Membership

				Iren age 25 a paid men	and younger aber.	١	Valid for 365 days	from the payment of dues
		PLEASE PRIN	NT ALL IN	FORMATIC	N CLEARLY			
Primary Member Mr. Mrs. Ms.	First Name		MI	Last	Last Name			AAHOA ID #
Corporate Name		Business Address		•				
Home Mailing Address (Necessary for voting eligibility and elected office qualification				City	City		State	Zip
E-mail						Birth Year		
Business Phone				Mobile Phone				
	Memberships include the prima ropriatebox:		_		rried, or if you do include my spou			se as a member, prmation must be unique
Spouse Member Mr. Mrs. Ms.	First Name		МІ	Last	Last Name			AAHOA ID #
Unique E-mail					Birth Year			
Business Phone				Unique Mo	que Mobile Phone			
If you have any children age 25 or younger that you would like to include with your membership for FREE as Future Hotelier members, please provide name(s) in the spaces provided below. Future Hoteliers are NOT eligible to vote in the annual elections.								
Future Hotelier Mr. Mrs. Ms.	First Name		MI		Last Name			Date of Birth
Future Hotelier Mr. Mrs. Ms.	First Name		MI	Last	Last Name			Date of Birth
If returning via email, please email to info@aahoa.com. Annual Membership -\$199 Lifetime Membership - \$3,000 Future Hotelier - \$0 Please make Membership checks payable to: AAHOA AAHOA LOCKBOX, P.O. Box 734642, Dallas, TX 75373-4642 For payment by credit card, please fill in the following: American Express / Discover / MasterCard / Visa Card Number								
PAC Donation (optional) Recommended PAC Donation Amounts - \$101, \$365, \$1,001, and \$5,000								
Please make PAC checks payable to: AAHOA PAC 5845 Richmond Highway, Suite 820, Alexandria, VA 22305 For payment by credit card, please fill in the following: American Express / Discover / MasterCard / Visa Card Number Exp Security Code: Total Payment \$ Signature I understand that the acceptance and use of corporate funds by AAHOA's PAC is strictly prohibited by law. My donation is either a payont contribution, or from a partnership or sole proprietorship. If paying by a partnership or sole proprietorship, please fill in the following						n is either a personal		
Company Name a I understand the pur citizen lawfully adm Commission the nar exceeds \$200 per ca nondeductible for in	nn, or from a partnership or and Mailing Address	I contributions are voluence. I understand tha me of the employer of the Tax Reform Act of 199 eductible portion must	ntary. Al at federal the contr 93 require be disclo	I contribut law requi ibutor and es that the sed to me	ons to AAHOA PA res AAHOA PAC t the date and cor portion of dues at mbers on their du	C are for polit o make its be tribution amo tributable to le	ical purposes. I a est effort to repo ount for each indi obbying and politi	m a U.S. citizen or foreign rt to the Federal Election vidual whose contribution cal activities is considered

☐ Future Hotelier

By submitting this application, I authorize AAHOA to share my name and contact information with AAHOA's active Club Blue, Platinum, Silver, and Allied Members (including address on record, organization, and phone number). I understand that I may be asked to leave AAHOA events and/or my membership may be terminated if I use my AAHOA membership to solicit for business reasons AAHOA members or those attending AAHOA events. I understand that by becoming a member, I consent to receive AAHOA marketing emails, the weekly newsletter, and monthly magazine. I also understand that AAHOA may use my photo/testimonial in marketing materials, social media posts, and other materials. I can inform AAHOA that I no longer consent by contacting info@aahoa.com. By submitting this application, I agree to comply with all Terms of Use and Policies, as amended from time to time, which shall always be available on aahoa.com for review.