



PARTNER MEMBER

MEMBERSHIP APPLICATION



First Name _____ Last Name _____

Professional Title _____

Email Address _____

Company Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Website _____

Business Information

Service Area (select one)

- Local (NH Only)
- Regional (New England)
- National/International

Region _____

County _____

Type of Product or Service You Provide _____

Interested in Advertising Opportunities for:

- Newsletter ("The Dish")
- Monthly Marketplace

What do you hope to gain from your NHLRA Membership? _____

Membership Category (select one)

- Local (NH Only) \$500
- Regional (New England) \$750
- National/International \$1,000

- Educational Institutions or Non-Profit \$100 (high school, community college, etc.)
- Student FREE

Payment Options (select one)

Check Credit Card: Visa, MC, AMEX, Discover Total _____

Name on Card _____

Billing Address _____

Card Number _____ Security Code _____ Date of Expiration _____

Any business that provides products or services to the hospitality industry or any educational institution or non-profit organization in New Hampshire is eligible to apply for membership. All membership applicants are subject to ratification by the Board of Directors, and all applicants must agree to abide by the NHLRA Constitution and By-Laws, posted at www.nhlra.com.

Signature of Applicant _____ Date _____

