

GMBHA

HOTEL MEMBERSHIP APPLICATION

Contact Adison Heyne
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MEMBERSHIP INFORMATION

Name of Hotel: _____
 Address: _____
 Telephone: _____ Fax: _____
 Toll Free: _____ Website: _____
 Number of Rooms: _____
 General Manager: _____ Email: _____ Tel: _____
 Exec. Asst. GM: _____ Email: _____ Tel: _____
 Sales Director: _____ Email: _____ Tel: _____
 Controller: _____ Email: _____ Tel: _____
 F&B Director: _____ Email: _____ Tel: _____
 Catering Director: _____ Email: _____ Tel: _____
 HR Director: _____ Email: _____ Tel: _____
 Dir. Of Engineering: _____ Email: _____ Tel: _____
 Lead Concierge: _____ Email: _____ Tel: _____

PAYMENT INFORMATION

\$4.25 FOR EACH ROOM
UNDER 150 ROOMS

\$1.75 PER EACH ROOM
OVER 150 ROOMS

\$200 FLAT FEE FOR LESS
THAN 50 ROOMS

Payment Method: _____ **TOTAL:** _____

Check

Credit Card - AMEX - VISA - MASTER CARD (Circle One)

Credit Card #: _____ Expiration Date: _____

Cardholders Name: _____ CVV#: _____ Zip Code: _____

Email: _____

Signature: _____

PLEASE MAKE CHECKS PAYABLE TO (Greater Miami & the Beaches Hotel Association) SEND CHECKS TO THE ADDRESS BELOW.