

GMBHA

MEMBERSHIP APPLICATION

Contact Adison Heyne
Email aheyne@gmbha.com
Call 305.531.3553

MEMBERSHIP INFORMATION

Company Name: _____

Address: _____

Main Contact Name: _____ Title: _____

Email: _____

Alternate Contact Name: _____ Title: _____

Alternate Email: _____

Business Category: _____

Main Telephone: _____ Mobile: _____ Fax: _____

Website: _____

Please describe, in 25 words or less, the goods and service that your business can provide to our members.

PAYMENT INFORMATION

Membership Level:

Allied \$500

Upgrade \$1,500

Payment Method:

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.

Membership applications subject to approval by the GMBHA Executive Board of Directors