



New York State  
**HOSPITALITY  
 & TOURISM**  
 Association

1 Computer Drive South  
 O. 518.465.2300

Albany, NY 12205  
 F. 518.465.4025

www.nyshta.org  
 800.642.5313

**NYSH&TA COOPERATING ORGANIZATION/ASSOCIATE MEMBERSHIP APPLICATION**

**Organization Information**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

WEB SITE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ TOLL FREE: \_\_\_\_\_

Please list a second contact person to receive e-mail alerts, association e-news and legislative updates:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Investment Schedule**

MEMBERSHIP	DESCRIPTION	DUES CODE	ANNUAL DUES
Cooperating Organization	Any person, firm or corporation managing or operating a tourism organization in the state of New York shall be eligible to apply for membership.	080	\$200
Associate	Any person, firm or corporation engaged in the active management of a hotel, lodging/tourism facility outside the state of New York.	081	\$200

**Organization Description**

Please give a brief description of your organization as it relates to the tourism industry.

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**PLEASE COMPLETE REVERSE SIDE**

**NYSH&TA Guarantee Program**

NYSH&TA believes in the benefits of membership so deeply that it guarantees your satisfaction. If you are dissatisfied with your first year of membership in the association for any reason, we will provide you with a second year at no cost to you to let us try to correct the area in which you were dissatisfied. Nonetheless, to receive that guarantee you will need to meet the following criteria:

- The new member has paid their membership dues in full and has spent a full twelve months in membership.
- The new member has attended at least one (1) NYSH&TA annual conference or educational seminar.
- The new member has attended at least one (1) NYSH&TA legislative reception.
- The new member has enrolled in at least one (1) Preferred Program.
- The new member, who is a member of both organizations, has made at least three (3) research-related inquiries to the AH&LA Information Center or NYSH&TA's membership resource center during their year in membership.
- The new member has provided to NYSH&TA and AH&LA (if applicable), in writing, a detailed explanation as to why membership is no longer important to them.

**Contract**

The applicant hereby agrees to abide by the constitution, bylaws, rules and regulations and all resolutions that may be henceforth adopted by the New York State Hospitality & Tourism Association, Inc.

Under the bylaws of the New York State Hospitality & Tourism Association, Inc. your application for membership must be submitted to the NYSH&TA Board of Directors, and your membership is subject to approval by the board.

Application for membership must be accompanied by one year's dues. All membership cancellations must be received in writing with dues remaining payable through the end of the current calendar quarter.

Membership dues for NYSH&TA and AH&LA are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities.

Name and Title of Individual Authorizing Membership: \_\_\_\_\_  
*(name)* *(title)*

\_\_\_\_\_  
*(signature)*

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form, your business card, and brochure along with your check or charge information to:

New York State Hospitality & Tourism Association  
1 Computer Drive South  
Albany, NY 12205  
Fax: (518) 465-4025

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

American Express  MasterCard  Visa

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_