



**GREATER PHILADELPHIA HOTEL ASSOCIATION
ALLIED MEMBER APPLICATION**

Name of Business _____

Contact Name(s) _____

Address _____

Business Phone (_____) _____

Fax Number (_____) _____

Email Address _____

Website Address: _____

Goods and/or Services Provided by your Business:

Which Hotel Department(s) would benefit most from your Goods and/or
Services: _____

Would you be interested in serving on a GPHA Committee with Hotel General
Managers? YES _____ NO _____

ANNUAL DUES: \$398.00 (Please make check payable to Greater Philadelphia Hotel
Association and mail to 1717 Arch Street, Suite 3370, Philadelphia, PA 19103).

For your convenience, we also accept American Express, Visa and Mastercard. If you
would like to pay your dues by credit card, please provide the following information:

Card Number _____

Expiration Date: _____

Card Holder's Name: _____

Signature of Applicant, Title

_____/_____/_____
Date