



# LEADERSHIP

RESOURCES-CONNECTIONS

## OHLA WIL CONNECT Member Application

Property Member  
 Allied Member

Return Application to: Cindy R. Sams, Director of Operations  
[cindy@ohla.org](mailto:cindy@ohla.org); 614-461-6462 x2  
OHLA, 692 N. High Street, Ste 212, Columbus, OH 43215

### OHLA WIL CONNECT APPLICANT

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position: \_\_\_\_\_  
Property/Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County \_\_\_\_\_

### ADDITIONAL APPLICANTS

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position: \_\_\_\_\_  
Property/Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position: \_\_\_\_\_  
Property/Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County \_\_\_\_\_

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Position: \_\_\_\_\_  
Property/Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County \_\_\_\_\_

By providing your fax number and/or e-mail on this application you give express permission for OHLA to contact you and your organization by fax and e-mail. You can change your communication preference at any time.



AHLA WIL CONNECT

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