

OHLA Membership Application

Property Information		Invoice #:			
# of Rooms:					
My property has 21 or more rooms and would be Hotel-Chain (A nationally branded hotel, such as Marr	-				
Hotel – Independent (A franchise hotel, privately	owned hote	el, or any other non-branded hotel with 21+ rooms.)			
My property has fewer than 21 rooms and would be a set of the s	ld be ca	tegorized as:			
B&B/Inn					
Cabin/Lodge					
Motel					
□ Other:					
\square My property is currently under construction					
Construction Membership (Membership is valid for one year from start of membership		Date:			
Property Name:		County:			
Address:	ess: City, State, Zip:				
Credential/Fire Registration Number (For operating properties of	nly):	# of Employees:			
Company Website:					
GM Name:	Direct Phone #:				
Email Address:					
Billing Information					
Contact Name:	Title:				
Company Name:					
Address:	City, State, Zip:				
Owner/Management Company Information					
Ownership		Management			
Owner Name:		Mgmt. Co. Name:			
Owner Contact:	AND/	Mgmt. Co. Contact:			
Address:	OR	Address:			
Owner Phone #:		 Contact Phone #:			
Owner Email:		Contact Email:			
□ N/A	-	□ N/A			
FOR OFFICE USE ONLY: Date Received: Date Received: Date Payment Received: Received by: Date Input in System:					

OHLA New Member Worksheet

Completing this worksheet is the starting point in receiving all the benefits that an OHLA Membership has to offer. The information you provide helps us maximize the value of your property's involvement.

My Staff Contacts:

Assistant GM:	Phone #:	Email Address:
Approved to view/pay bills DOS:	Phone #:	Email Address:
Approved to view/pay bills HR Director: Approved to view/pay bills	Phone #:	Email Address:
Approved to view/pay bills	Phone #:	Email Address:
My property is: (For Chain Hotels only)		
Economy (Property is small-medium sized that o Midscale (Property is medium sized that offers m		 Upscale (Full-service property with a variety of luxury amenities) Luxury (Full-service property, variety of luxury amenities, 4-5 Star Rating)
My top 3 preferred vendors are:		
Vendor:		Service:
Vendor:		
Vendor:		
The 3 greatest concerns for my l	business are: (Choo	se 3)
 Producing Favorable Public Policy Improving Service & Professionalism Growing the Ohio Travel Economy Need for Resources & Connections Support for Ohio's Unique Lodgings 		Increase Profitability & Sustainability Participation in Charitable & Community Involvement Safety & Security Stature of Ohio Hospitality Industry Other:
□ I am interested in Energy Cost Sa OHLA's Premier Partners provide OHLA membe		
□ I am interested in Workers' Comp	pensation Savings	
I am interested in using a payroll An OHLA membership affords members to utiliz		roll and payment processing services in the industry.
I am interested in maximizing my OHLA offers an entré for national expertise on h with innovative plans and technological solution	ow to manage the risir	ng costs of health care, employee benefits, and human capital
□ I am interested in providing educ OHLA provides a multitude of opportunities for professionals. Under30 Gateway provides oppor opportunities for professional women.	your staff to grow and	sional development to my staff develop into future leaders and women in lodging fessionals while WIL Connect offers professional development
I would like more information on hov Greater Akron Lodging Council		n the following: Greater Cincinnati Lodging Council
Greater Cleveland Lodging Council		Greater Columbus Lodging Council
Northwest Lodging Council		Education & Conference Committee
Government Affairs Committee		Membership Committee
ULO Committee		Women in Lodging (WIL) Committee
Under30 Gateway Committee		Other local meetings in my area

HOW TO SUBMIT:

Submit completed applications electronically to OHLA's Director of Membership, Halle Runion, at halle@ohla.org

QUESTIONS? Please contact OHLA at (614) 461-6462