

OHLA Membership Application

SM Shoutout: _

Property Information		Invoice #:
# of Rooms:		
My Property is categorized as:		
☐ Hotel - Chain (A nationally branded hotel, such as Manager 1)	arriott, with 2	h 21+ rooms)
☐ Independent (A franchise hotel, privately owned or	non-branded	ed property)
☐ My property is currently under construction		
Construction Membership (Membership is valid for one year from start of membersh	_{hip)} Opei	en Date:
Property Name:		
Full Property Address:		
Credential/Fire Registration Number (For operating properties	only):	# of Employees:
Company Website:		
GM Name:		Direct Phone #:
Email Address:		
Billing Information (if different than above)		
Contact Name:		Title:
Company Name:		
		City, State, Zip:
Email Address:		
Owner/Management Company Information		
Ownership	Γ '	Management
Owner Name:		Mgmt. Co. Name:
Owner Contact:		Mgmt. Co. Contact:
Address:	AND/ OR	Address:
City, State, Zipcode:		City, State, Zipcode:
Owner Phone #:		Contact Phone #:
Owner Email:		Contact Email:
□ N/A		□ N/A
HSMAI Membership Offer:		Bureau of Workers' Compensation Policy Number
New OHLA Members receive a 10% discount on HSMAI Hotel/ Membership for the first year of membership. If you are interestaking advantage of this offer, please contact info@ohla.org.		I would like a complimentary, non-commitme quote for OHLA's Group Rating program powered by CareWorks Comp.
FOR OFFICE USE ONLY: Date Payment Received: Date Input in System:		

Received by:_