

MEMBERSHIP APPLICATION

Date: _____

Name of Establishment: _____:

Contact Person: _____

Mailing Address: _____

Establishment Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Reservation Phone Number: _____

Number of Sleeping Rooms: _____

Restaurant Capacity: _____ Lounge Seating Capacity: _____

Signature: _____

North Dakota Hospitality Association Annual Investment Schedule

Your ANNUAL INVESTMENT AMOUNT is based on your total annual sales volume:

	<u>Volume</u>	<u>Investment Amount</u>
Under	\$ 100,000.....	\$100.00
100,001 - 150,000	150.00
150,001 - 200,000	225.00
200,001 - 300,000	275.00
300,001 - 400,000	350.00
400,001 - 500,000	400.00
500,001 - 750,000	475.00
750,001 - 1,000,000	600.00
1,000,001 - 2,000,000	700.00
2,000,001 - 3,000,000	850.00
3,000,001 -or more	1,100.00

Investment Amount: _____

Individual - \$50.00 each

Hotel and Motels (without food)	
0 - 149 rooms	\$4.50 each
150 - 299 rooms	\$5.00 each

Next two (2) additional operations under same corporation... \$100.00 per location

Commercial Associate Membership..... \$400.00

Payment must accompany your application