

Application



HOTEL MEMBERSHIP APPLICATION

CONTACT INFORMATION

Hotel Name: _____

Ownership Co.: _____ Mgmt. Co.: _____

Street Address: _____
Street/PO Box City State Zip + 4

Mailing Address: _____
(If different from street) Street/PO Box City State Zip + 4

Phone: () _____ Toll Free: () _____ Fax: () _____

General Email*: _____ Website: _____
(i.e. info@company.com)

Social Media Pages: _____
Twitter Facebook

General Manager: _____
Name Title Preferred First Name

GM Email*: _____ Phone: () _____ Fax: () _____

Director of Sales: _____
Name Preferred First Name

DOS Email*: _____ Phone: () _____ Fax: () _____

BUSINESS INFORMATION

Business location: North South East West Downtown Other

Is business locally owned? Yes No

Amenities: (Check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Full Service | <input type="checkbox"/> Limited Service | <input type="checkbox"/> Extended Stay | <input type="checkbox"/> Movie Channels/Rental |
| <input type="checkbox"/> WiFi | <input type="checkbox"/> ADA Compliant | <input type="checkbox"/> On-Site Restaurant | <input type="checkbox"/> Banquet/Meeting Facilities |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Inside Access | <input type="checkbox"/> Outside Access | <input type="checkbox"/> Group Rates |
| <input type="checkbox"/> Shopping/Gift Shop | <input type="checkbox"/> Internet/Data Ports | <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Airport Shuttle Service |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Motorcoach Parking | <input type="checkbox"/> Pets Allowed | <input type="checkbox"/> Complimentary Breakfast |
| <input type="checkbox"/> Game Room | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Sauna/Whirlpool | <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Indoor Pool |

Rooms: # Doubles _____ # Kings _____ # Suites _____

Amenities: Total # of Meeting Rooms _____ Total Square Feet of Meeting Rooms _____
Total Square Feet of Largest Room _____

BUSINESS DESCRIPTION

Describe your business (*this description will be placed on our website*):

VISITOR GUIDE LISTING: Please attach a **Visitor Guide Release Form**.

KEYWORDS

Keywords are used to search our database/website to locate specific member types or categories. Please list some keywords that you would like our web visitors to use when accessing your listing. Include common typos, e.g., accommodations (correct) and accomodations (incorrect):

WEBSITE LISTING GRAPHICS AND PHOTOS

The GLCVB encourages you to add a logo or pictures to your listing on our website. We are able to offer you a thumbnail picture on your listing and include additional pictures with your member details. Email pictures to membership@lansing.org.

MEMBERSHIP INVESTMENT (*see rate schedule*)

Your membership investment is prorated based on the month joined. Annual membership investments are due July 1 of each year.

Annual Membership Investment \$ _____

Number of guest rooms x \$2.50 (*Hotels under 25 rooms excluded*) \$ _____

Full Service hotels only:

\$1.00 per guest room Food & Beverage annually \$ _____

\$1.00 per guest room annually, if banquet facility \$ _____

TOTAL NOW DUE (*Prorated based on join date*) \$ _____

*I/We understand that the partnership is ongoing and will remain as such until written notice of cancellation is received by the Greater Lansing Convention and Visitors Bureau. **NOTE: Delinquency of payment after 90 days constitutes automatic cancellation of membership.***

Method of payment: Cash Check # _____ MC Visa Discover AmEx

Credit Card#: _____ Expiration: _____ Security Code: _____

Signature and Title: _____ Date: _____

**By filling in your email address, you agree to receive all future promotional email from the Greater Lansing Convention & Visitors Bureau. You can unsubscribe at any time if you no longer find it useful. All email addresses collected are used ONLY for the Greater Lansing Convention & Visitors Bureau. We do not sell, lease or market your email information to anyone for any purpose. We reserve the right to provide your mailing address to fellow members in the form of labels or data file.*

Application received by: _____ NAICS Code (for website): _____ Date: _____
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