



Triangle Area Hotel – Motel Association
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

APPLICATION FOR MEMBERSHIP

Name of Property/Business: _____

Name of General Manager or Designated Representative:

_____ Title: _____

Mailing Address: _____

Street Address _____

County: _____ Telephone: _____

Fax: _____ E-mail: _____

Number of Rooms in Hotel/Motel: _____

If not Hotel/Motel, type of business: _____

Amount paid:

Hotel Member: \$2.00 per room/if less than 50 rooms \$100.00 \$ _____

Affiliate Member (vendors/suppliers): \$135.00 \$ _____

Prepay a year's worth of luncheons. Meetings are monthly except for July & December.

\$15.00 x 10 luncheon meetings: \$150.00
(At-door price is \$20.00)

Please indicate total enclosed \$ _____

Please mail your check to: Triangle Area Hotel – Motel Association,
1500 Sunday Drive,
Suite 102, Raleigh, NC 27607.

Questions? Call Beth Denny, TAHMA Executive Director, @ 919-861-5588
Fax 919-787-4916
Or E-mail bdenny@firstpointresources.com