



Lodging Member Application

PLEASE PRINT CLEARLY

PROPERTY NAME

CORPORATE OWNERSHIP OR OTHER NAME

PHYSICAL ADDRESS

CITY, STATE, ZIP

MAILING ADDRESS

CITY, STATE, ZIP

PHONE _____ FAX

MANAGER'S
NAME

EMAIL
ADDRESS

-

YOUR E-MAIL ADDRESS IS OUR PRIMARY MEANS OF CONTACTING YOU, INCLUDING MEETING NOTICES, WEEKLY CONFIDENTIAL PRESIDENT'S REPORT, SPECIAL REPORTS AND EMERGENCY ANNOUNCEMENTS.

IT SHOULD BE THE OWNER'S AND/OR GENERAL MANAGER'S PERSONAL EMAIL ADDRESS, NOT THE WEBSITE OR INFO EMAIL ADDRESS.

I/WE HEREBY APPLY FOR LODGING MEMBERSHIP IN THE LODGING ASSOCIATION OF THE FLORIDA KEYS & KEY WEST AND AGREE TO PAY DUES AS REQUIRED. I/WE AGREE TO COMPLY WITH THE BY-LAWS, RULES AND REGULATIONS OF THE ASSOCIATION. I/WE FURTHER UNDERSTAND THAT ALL APPLICATIONS ARE SUBJECT TO APPROVAL BY THE ASSOCIATION. I/WE ARE LICENSED UNDER FLORIDA STATUTES FOR TRANSIENT RENTALS OF 28 DAYS OR LESS AND COLLECT THE STATE SALES TAX.

SIGNATURE

----- DATE -----

PRINTED NAME AND TITLE:

PLEASE ATTACH COPIES OF STATE, COUNTY AND MUNICIPAL LICENSES & SALES TAX CERTIFICATE. NUMBER OF UNITS SHOWN ON STATE LICENSE _____

LODGING MEMBERSHIP ANNUAL DUES SCHEDULE: \$200.00 BASE FEE PLUS \$8.00 PER TRANSIENT LICENSE.

ENCLOSED IS A CHECK IN THE AMOUNT OF \$_____ IN PAYMENT OF ANNUAL DUES.

ANNUAL DUES MUST BE PAID IN FULL BY JANUARY 31ST OF EACH YEAR AND ARE NON-REFUNDABLE!

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