



HOTEL MEMBER APPLICATION

Hotel Name _____

Address _____

Number of Rooms/Suites: _____ Number of Suites: _____

Business Phone (____) _____ Website Address _____

Please include name and email addresses for all employees listed:

General Manager: _____

GM Email Address: _____

AGM: _____

Executive Assistant: _____

Director of Sales: _____

Sales Manager: _____

Director of Catering: _____

F&B Director: _____

HR Director: _____

Revenue Director _____

Controller: _____

Chief Engineer: _____

Front Office Manager: _____

Executive Housekeeper: _____

Security Director _____

IT Contact _____

Others (optional) _____

Would you be interested in serving on a GPHA Committee? YES _____ NO _____

ANNUAL DUES: # of rooms _____ X \$ _____ (amount) = \$ _____

City of Philadelphia \$12.60 per room

Phila. Airport Area \$7.50 per room

City Line Area \$7.50 per room

Delaware County \$6.50 per room

Suburbs (Pennsylvania) \$4.95 per room

New Jersey \$565 flat rate

* There is a minimum hotel dues rate of \$565.00.

Make check payable to Greater Philadelphia Hotel Association and mail to: 1617 John F. Kennedy Blvd., Suite 810, Philadelphia, PA 19103.