



2010 MEMBERSHIP RENEWAL APPLICATION

Contact Person		Title	
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Company Name			
Address			
City			
Zip			

Phone		Ext	
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FAX		email	
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(additional contacts? see reverse)

Type of Business

<input type="checkbox"/>	Hotel / Motel (Standard Membership)	Number of Rooms ▶	
<input type="checkbox"/>	Bed & Breakfast (Standard Membership)	Number of Rooms ▶	
<input type="checkbox"/>	Restaurant (Standard Membership)		
<input type="checkbox"/>	Lodging Affiliate (Associate Membership)	Service / Industry? ▶	

Membership Dues

<input type="checkbox"/>	Lodging Properties	\$1.50 per room, with a minimum of \$100 and a maximum of \$300	\$
<input type="checkbox"/>	Restaurants	\$100	\$
<input type="checkbox"/>	Lodging Affiliate (Associates)	\$100	\$

I am enclosing a check in the amount of \$_____ which entitles me to all the benefits and privileges of membership in the Greater Santa Barbara Lodging & Restaurant Association.

Signature: _____ Date: _____

Mail completed form with payment to:
 Greater Santa Barbara Lodging & Restaurant Association PO Box 40260 Santa Barbara, CA 93140
 (805) 962-1630 www.gsblra.org For further information: info@gsblra.org

(see reverse)

Please tell us what issues you think we should address this year:

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The Mission of the Greater Santa Barbara Lodging & Restaurant Association is to represent the interests of the hospitality industry through education, advocacy, and member benefits that serve to promote and enhance our industry and our community.

(additional contacts)

Contact		Title	
Phone		Ext	
FAX		email	

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