

OHLA Membership Application

Property Information

Invoice #: _____

of Rooms: _____

My Property is categorized as:

☐ Hotel - Chain (A nationally branded hotel, such as Marriott, with 21+ rooms)

☐ Independent (A franchise hotel, privately owned or non-branded property)

☐ My property is currently under construction

Construction Membership

(Membership is valid for one year from start of membership) Open Date: _____

Property Name: _____

Full Property Address: _____

Credential/Fire Registration Number (For operating properties only): _____ # of Employees: _____

Company Website: _____

GM Name: _____ Direct Phone #: _____

Email Address: _____

Billing Information (if different than above)

Contact Name: _____ Title: _____

Company Name: _____

Address: _____ City, State, Zip: _____

Email Address: _____

Owner/Management Company Information

Ownership

Owner Name: _____

Owner Contact: _____

Address: _____

City, State, Zipcode: _____

Owner Phone #: _____

Owner Email: _____

☐ N/A

Management

Mgmt. Co. Name: _____

Mgmt. Co. Contact: _____

Address: _____

City, State, Zipcode: _____

Contact Phone #: _____

Contact Email: _____

☐ N/A

AND/
OR

HSMIA Membership Offer:

Bureau of Workers' Compensation Policy Number

New OHLA Members receive a 10% discount on HSMIA Hotel/Associate Membership for the first year of membership. If you are interested in taking advantage of this offer, please contact Michele Marcinick at michele@ohla.org.

I would like a complimentary, non-commitment quote for OHLA's Group Rating program powered by CareWorks Comp.

FOR OFFICE USE ONLY:

Date Received: _____
Received by: _____

Date Payment Received: _____
Date Input in System: _____

Date Kit Submitted: _____
Date Ambassador Assigned: _____
SM Shoutout: _____