

Hospitality Santa Barbara Membership Application

The Mission of the Hospitality Santa Barbara 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.

Membership Application

Date of Application: _____

Company Name: _____

Contact Name: _____

Title: _____

Number of Employees: _____ Year Established: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext. _____

Fax: _____

Contact E-Mail: _____

Website: _____

Additional Names/Emails:

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

Business Category

Lodging - \$300 \$ _____
(\$1.50 per room-minimum \$125, maximum \$300)

Restaurant Category - \$125 \$ _____


Hospitality Associate - \$125 \$ _____

Method of Payment Check Enclosed Charge My Card

Card #: _____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____



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

FOR OFFICE USE ONLY

Join Date: _____ Payment Type: _____ CM Entered Date: _____ CM ID Number: _____

Staff Name: _____ Referral: _____ Staff Initials: _____