



North Mississippi Hotel and Lodging Association

Membership
Application/Renewal

Property Name: _____

Member Name: _____

Address: _____

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Phone: _____ Fax: _____

E-Mail Address: _____

Dues: _____ \$250.00 Hotel Member
_____ \$250.00 Allied Member
_____ \$100.00 Bed & Breakfast Member

Mail application and check to: NMHLA
PO Box 537
Tunica Resorts, MS 38664