

Palm Springs Hospitality Association
100 South Sunrise, PMB 297
Palm Springs, CA 92262
Tel: 760.835.4957 E-Mail: AdminPSHA@gmail.com
Fax: (760) 462.2016

2008 Membership Application

**MEMBER NOTE: Please fill out the application form.
Keep a copy for your records and mail together with your payment to the address above.**

(Circle the appropriate membership category; hotels fill in information)

Associate/Supplier: \$200 Attractions: \$100

Hotels/Vacation Rental Homes: \$50 + 1.50 x No. of Hotel Rooms _____ = \$ _____

Restaurants: \$250 Retail: \$100

Calculate your payment:

**Join and pay for two years NOW
and lock in your annual dues rate for 2009.**

1-Year Annual Dues Amount \$ _____

OR 2-Year Option

Your Annual Dues Amount _____ x 2 = \$ _____

Total Amount Enclosed \$ _____

Business Name: _____

Contact eMail: _____

Business/Mailing Address: _____

City, State, Zip: _____

Primary Contact Name: _____

Business Phone Number: _____

Cellular Number: _____

Fax Number: _____

Web Site URL: _____

**For credit card payments, please email AdminPSHA@gmail.com
and we will email our faxable credit card authorization form.**