

EHospa Membership Application

Prefix Mr. Mrs. Ms. Miss Dr.

First Name: _____

Last (Family) Name _____

Job Title _____

Company or Organization _____

Company or Organization URL _____

Address _____

City _____

State/Province _____ Postal/ZIP _____

Primary (Work) Email Address _____

Secondary (Home) Email Address _____

Phone _____

Cell _____

Fax _____

Membership Type (Annual - Choose only ONE):

- INDIVIDUAL** incl. students, faculty, other industry pros (\$59)

- PROVIDERS** of Exceptional Hospitality (working with the public)
Membership fees are based upon the number of revenue-generating amenities at your facility.
 - BASIC (\$89)
 - PREMIUM: 1 – 2 Revenue generating amenities (\$119)
 - PREMIUM: 3 – 5 Revenue generating amenities (\$159)
 - PREMIUM: 6 + Revenue generating amenities (\$189)
 - FEATURED: 1 – 2 Revenue generating amenities (\$469)
 - FEATURED: 3 – 5 Revenue generating amenities (\$509)
 - FEATURED: 6 + Revenue generating amenities (\$539)

- SUPPLIERS** to Exceptional Hospitality (providing products/services)
 - INTRODUCTORY (\$89)
 - SUPPLIER: (\$395)
 - VIP: (\$850)
 - PARTNER: (\$895 – per Month)

Age Range:

- 18 – 24
- 25 – 29
- 30 – 34
- 35 – 49
- 50 – 59
- 60+

Education

Please select the last level of education successfully completed:

- High School
- Some College
- Bachelors Degree
- Some Graduate
- Masters/other Graduate Degree
- Doctorate

Credit Card: Visa Mastercard AmEx Discover

Credit Card Number: _____

Expiration: _____ **Security code:** _____