HUDSON VALLEY LODGING ASSOCIATION

MEMBERSHIP APPLICATION

Please complete the following **Application** and send it with your **Tax Collection Documentation** and your **Membership Check** to:

Hudson Valley Lodging Association
P.O. Box 166
Hyde Park, NY 12538

Establishment Name_____

Description (B&B, Hotel, Motel, Inn, Guest House, other _____

Owner/Innkeeper_____

Address_____

E-mail address_____Fax Number_____

Home Phone Number( )_____Business Phone Number( )_____

Number of Guest Rooms_____ Town of Zoning_____

Tax Collection Documentation
(Enclose a copy of your Certificate of Authority of **one** of the following)

NYS Sales Tax #_____ County Hospitality/Bed Tax #_____

Enclosed is my Membership Fee of $50 plus $10 per guestroom;
Plus a one time initial fee of $60.

$50 + $60 + ($10 x _____) = $_____total enclosed
# of rooms

Make checks payable to:

HUDSON VALLEY LODGING ASSOCIATION or HVL

Signature of Innkeeper_____ Date _____