



Hospitality Sales and Marketing Association International
 PO Box 758957
 Baltimore, MD 21275-8957
 (703) 610-9024 Fax: (703) 610-9005

Member #: Exp:
 Name:
 Title:
 Company:
 Address:
 City/State/Zip/Country:
 Phone:
 Fax:
 Email:
 Membership Category: (See table on back of form)
 Referred by:

Please provide the following information:

Home Address: _____

Home City/State/Zip/Country: _____

Please check one of the following if applicable:

- CHME CHSP CHA CMP CRME CHSC OTHER

Payment Options:

- Pay by credit card Enroll in Automatic Renewal
 Pay \$285 via credit card (dues automatically renewed each year)

Please charge the amount to my: Visa MasterCard American Express Diner's Club

Acct. #: _____ Exp. Date: _____ Total Amount Charged: _____

Signature: _____

- Pay by check (Please include this invoice with check to insure proper renewal of membership)

Check#: _____ Total Amount of check: _____ (Send to Lock Box Address Above)

- Annual dues are renewable on the anniversary of your "join" date.
- Dues payments are deductible by member as ordinary and necessary business expense.
- Contributions to the HSMIA Foundation are tax deductible under Section 501C(3) of the IRS tax code.
- Membership Rates do not apply to Students or Faculty.

SAVE \$135 Sign up additional members from the same company/same address on the back of this form - **ONLY \$190** per additional member.

SECTION 1 - ADDRESS CORRECTION	
Name:	
Title:	
Company:	
Address:	
City/State:	Zipcode:
Phone:	Fax:
Email:	
Local Chapter:	

HSMIA Annual Dues Includes:

- Local Chapter Membership
 - Marketing Review Subscription
- Complimentary one-year "gift" subscription of the Marketing Review to a supervisor or peer of your choice**
 (designate recipient on back of this form)

Number Of Members	1st member	2nd member	3rd member	4th member	5th member	6th member	7th member	8th member	9th member	10th member
Membership Dues	\$325	\$515	\$705	\$895	\$1085	\$1275	\$1465	\$1655	\$1845	\$2035
Foundation Donation*	\$25	\$50	\$75	\$100	\$125	\$150	\$175	\$200	\$225	\$250
Total	\$350	\$565	\$780	\$995	\$1210	\$1425	\$1640	\$1855	\$2070	\$2285

* HSMIA Foundation donations are not part of the membership dues structure

2nd Member Information:

Member #: _____ Exp Date: _____

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____ Membership Category: _____

Please check one of the following if applicable:

CHME CHSP CHA CMP CEM OTHER

3rd Member Information:

Member #: _____ Exp Date: _____

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____ Membership Category: _____

Please check one of the following if applicable:

CHME CHSP CHA CMP CEM OTHER

4th Member Information:

Member #: _____ Exp Date: _____

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____ Membership Category: _____

Please check one of the following if applicable:

CHME CHSP CHA CMP CEM OTHER

Recipient for Gift Subscription of Marketing Review:

Name: _____ Title: _____

Company: _____

Address: _____

City/State/Zip: _____