



Allied Membership Application Form

The annual dues are \$300.00 for Allied Membership in the Montana Lodging and Hospitality Association. Please make checks payable to MLHA and return this form along with your remittance to:

Montana Lodging & Hospitality Association
P.O. Box 1272
Helena, MT 59624

Name _____

Company _____

Address _____
Street or PO Box City St Zip

Phone _____ Fax _____

Email _____ Website _____

Tell us about your product _____

My check for \$300 is enclosed.

Signature _____ Date _____