

Economic Relief Associate Membership Offer

Save \$250

Expires June 30, 2020

Contact Name: _____

Company Name: _____

Address: _____

Email address: _____

Telephone: _____

Cell Phone: _____

List any COVID-19 Goods and/or Services you provide the Lodging Industry

CATEGORY HEADING(s): (Limited to 2 headings)

1.

2.

Note: Membership investment is fully earned by CLIA at time of receipt. Membership investments are not deductible as charitable contributions, but may be deductible as an ordinary and necessary business expense. A portion of the investment, however, is not deductible as an ordinary and necessary expense to the extent that CLIA engages in lobbying. The non-deductible portion of investments is estimated to be 16%.

Select one of the two options below:

☐ **YES, I want to renew my CLIA membership**

☐ **YES, I want to join CLIA**

Membership dues (Ordinarily \$750 for rolling 12 months)

\$500.00

Check made payable to "CLIA" enclosed: \$ _____ or charge

☐ **Amex** ☐ **M/C** ☐ **VISA**

Card # _____ Expiration Date _____

Cardholder Signature: _____ Security Code _____

Cardholder Name Print: _____

Please mail or fax payment to: CLIA, 1017 L Street #527, Sacramento, CA 95814 FAX: 916/686-1321

Associate Relief Invoice June 2020