



## OHLA Membership Application

### Property Information

Invoice #: \_\_\_\_\_

# of Rooms: \_\_\_\_\_

My Property is categorized as:

☐ Hotel - Chain (A nationally branded hotel, such as Marriott, with 21+ rooms)

☐ Independent (A franchise hotel, privately owned or non-branded property)

☐ My property is currently under construction

Construction Membership

(Membership is valid for one year from start of membership) Open Date: \_\_\_\_\_

Property Name: \_\_\_\_\_

Full Property Address: \_\_\_\_\_

Credential/Fire Registration Number (For operating properties only): \_\_\_\_\_ # of Employees: \_\_\_\_\_

Company Website: \_\_\_\_\_

GM Name: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Billing Information (If different than above)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Owner/Management Company Information

#### Ownership

Owner Name: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_

Owner Email: \_\_\_\_\_

☐ N/A

AND/  
OR

#### Management

Mgmt. Co. Name: \_\_\_\_\_

Mgmt. Co. Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

☐ N/A

Bureau of Workers' Compensation Policy Number

I would like a complimentary, non-commitment quote for OHLA's Group Rating program powered by Sedgwick.

#### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_  
Date Input in System: \_\_\_\_\_

Date Kit Submitted: \_\_\_\_\_  
Date Ambassador Assigned: \_\_\_\_\_  
SM Shoutout: \_\_\_\_\_

Submit completed applications electronically to OHLA's Director of Membership Sara Tennyson-Harlan at [sara@ohla.org](mailto:sara@ohla.org).