Please complete and return this page to Stacy Gleason (sgleason@hsmai.org) at HSMAI to indicate your commitment for the 2020 calendar year as an Or- ganizational Member. We will be in touch with you to gather the additional details to active the membership for the associates within your organization.

Company Name: Primary Contact Name: Title: Address: City, State, Zip: Phone: Email: Secondary Contact Name: Title: Phone:

Email:

### Hotel/Associate Organizational Membership Tier:

Diamond $37, 500 Emerald $27,500

Sapphire $17,500 Ruby $7,500

### Method of payment

**Hotel/Associate Commitment Form**

Check/Wire:

A check, made payable to HSMAI, is being sent to HSMAI at *7918 Jones Branch Dr. Suite 300, McLean, VA 22102. Wire/EFT information available on request.*

Check #

Credit Card:

AmEx Visa MasterCard Discover

Card # Exp. Date: Name on card Signature

#### I would like to pay:

Now Dec 2019

Jan 2018