

# Hotel/Associate Commitment Form



Please complete and return this page to Stacy Gleason at HSMAI (stacy.gleason@hsmai.org) to indicate your commitment for the 2026 calendar year as a Hotel/Associate Organizational Member. We will be in touch with you shortly to gather additional details.

Organization Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Secondary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## Hotel/Associate Organizational Membership Tier:

<input type="checkbox"/> Diamond \$41,000	<input type="checkbox"/> Sapphire \$21,000
<input type="checkbox"/> Emerald \$31,000	<input type="checkbox"/> Ruby \$9,000

## Method of payment:

Check/Wire:

A check, made payable to HSMAI, is being sent to HSMAI at 1660 International Drive, Suite 600, McLean, VA 22102. Wire/EFT information available on request. Anticipated date: \_\_\_\_\_

Credit Card:

Invoices can be paid by credit card. Please provide the name and email address that the invoice and instructions should be forwarded to.

Name: \_\_\_\_\_ Email: \_\_\_\_\_