

SAN GABRIEL VALLEY HOSPITALITY ASSOCIATION

12040 E. GARVEY AVE EL MONTE, CA 91732

E-mail: sgvha2005@gmail.com

Web: www.sgvha.com

A non-profit organization, FEIN 501(C)(6) 20-3425780
INCORPORATED JULY 26, 2005



BUSINESS PARTNERSHIP APPLICATION

I hereby make application to join SGVHA as a Business Partner. The Business partner is valid calendar year (Jan-Dec). I am applying for the membership type checked below:

The Business Membership Fee : **\$500/= Yearly**

Company Name:	_____
Business Category:	_____
Key Contact Representative:	_____
Address:	_____
City, State, Zip:	_____
Phone:	Company: _____ Personal: _____
Website:	_____
Email Address:	_____

As a business partner, by signing below, you agree to engage in good faith and fair dealing policies and practices with SGVHA members and to stand by your products and services all times. Further, you agree to be bound by the SGVHA Membership List License Agreement, The SGVHA Logo General Standards Guidelines, and the Business Partnership Terms and Conditions. For review of these documents, please visit www.sgvha.com.

Signature: _____ Title: _____ Date: _____

Partnership Benefits :

- Opportunity to network with hotel Owners & Executives.
- Business Partners will be acknowledged during business events.
- Opportunity to speak to the audience.
- Table top display to showcase your products and Services.
- Website link will be attached with the frequent Eblast conducted By SGVHA for Members.
- SGVHA's website will have the direct Link to Vendors website.
- May use SGVHA's logo and Link to website.(with fee being current).
- Company Logo on SGVHA's digital platforms and other marketing media.
- One time access to the SGVHA membership database.

Please return this form with your payment.

Please make all checks payable to: San Gabriel Valley Hospitality Association (SGVHA).

CARD TYPE	NAME ON THE CREDIT CARD	CARD NUMBER	EXP.	CVV CODE
			__/__/__	-----

Total Payment: \$ _____ Signature: _____ Date: _____ Applicable Year: _____