

## **Florida HIA Membership Application**

Photo Copies are accepted

Complete and e-mail, mail or fax with payment to:

P.O. Box 622573

Orlando Fl. 32862-2573

Fax 407-306-8310

[info@FloridaHIA.com](mailto:info@FloridaHIA.com)

[www.FloridaHIA.com](http://www.FloridaHIA.com)

EMPLOYEES OF COMPANIES LISTED BELOW QUALIFY  
FOR FLORIDA HIA MEMBERSHIP

- Hotels
- Attractions
- Restaurants
- Golf Courses
- Travel Agencies
- CVBs / VCBs and Chambers
- Other Related Businesses who do 65% or more Tourist Trade

### **Applicant Information**

Print clearly and fill out all information requested

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employers Phone Number \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

**Proof of Employment Required!**  
Copy of Recent Payroll Stub, Employee ID or  
Letter from HR Department

**Florida HIA Membership \$30 per year - \$25 for renewal**

Credit Card Payment \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Amex

Charge Amount \$ \_\_\_\_\_ Payroll Deduction \_\_\_\_\_

CC# \_\_\_\_\_

Exp Date \_\_\_\_\_ v-code \_\_\_\_\_

Signature \_\_\_\_\_