

Fredericksburg Hospitality Association

Membership Application

Name of Business _____

Person to Contact _____

Address _____

City _____ **Zip** _____

Mailing Address (if different) _____

City _____ **Zip** _____

Business Phone _____

Cell Phone (optional) _____

Email _____

Website _____

Type of Business _____

If Lodging Please Circle One : Full Breakfast Continental Breakfast No Breakfast

I am interested in helping with the following type(s) of projects or committees _____

Please mail application and \$50 annual dues to:
FHA
PO Box 2854
Fredericksburg, Texas 78624

For additional info please contact:
Kyle Biederman -Vice President
830-998-7111

THANK YOU for your interest and support!