



LIHA
P.O. Box 824
East Northport, NY 11731
LIHospitalityAssociation@gmail.com
www.LIHA.org

Student Membership Application

First Name: _____ Last Name: _____

College/University: _____

Home Address: _____

City, State & Zip: _____

Phone: _____ E-Mail: _____

Student Membership & Dues:

- Annual Membership Dues = \$0
- *Students of Educational Institution Members (whom have already paid in full for their membership), from any accredited academic institution offering programs in Hospitality related industries, are permitted to attend general meetings and have **complimentary membership** with non-voting membership status.*

May the above contact information be listed on the LIHA website? Yes No

May your e-mail be used to send you updates regarding the LIHA? Yes No

What is your major/field of study? _____

What career path do you envision for yourself once you graduate? _____

Are you interested in volunteer work for the LIHA? Yes No

If yes, please select the area you may be interested in, and would like to be considered for:

- | | | |
|---|---|---|
| <input type="checkbox"/> Membership Development | <input type="checkbox"/> Marketing/Website/Social Media | <input type="checkbox"/> Fundraising Efforts |
| <input type="checkbox"/> Legislative Affairs | <input type="checkbox"/> Guest Speaker Relations | <input type="checkbox"/> Meeting/Event Operations |

* Membership applications are valid from April 1, 2019 through March 31, 2020.

Please send your completed application to:

LIHospitalityAssociation@gmail.com