



Phone: (954) 895-4777

Fax: (844) 253-0850

E-Mail: [ExecutiveDirector@SuperiorSmallLodging.com](mailto:ExecutiveDirector@SuperiorSmallLodging.com)

[www.FloridaSSL.org](http://www.FloridaSSL.org)

Welcome to the Florida Superior Small Lodging Association (SSL). We look forward to working with you as a member of our family of Innkeepers throughout Florida. The strength of the association is the ability to leverage many different marketing, purchasing and support partnerships to achieve our common goals to promote, protect and educate our small independent lodging industry.

To be eligible as a full partner and a member in good standing in the Association your property must meet the SSLoF guidelines and pass the Property Review Program inspection with an overall 82% passing grade and a housekeeping score of 85%.

The inspection is conducted by an independent, professional inspection company and insures that all Superior Small Lodging members meet standards of quality and cleanliness. When your property receives a 100% score in the housekeeping portion you will be awarded the SSL White Glove Award to proudly display in your lobby and on all your marketing material.

To schedule an inspection please submit the following application along with the Base Membership Fee of \$399 to cover the cost of processing your application; the inspection and consultation; and report of the inspector's findings and recommendations.

Once you have completed and passed the inspection process you will be invoiced for the remainder of the annual membership fee **of \$15.00 per room/unit**. That is when your property profile will go live on the Superior Small Lodging website and you will have access to the additional marketing benefits to grow, improve and strengthen your business.

Together, we can help build the Superior Small Lodging brand and bring added exposure to help your business grow stronger and prosper under the umbrella of Florida Superior Small Lodgings as an alternative to corporate or chain hotels.

If you have not already received a detailed copy of the guidelines to help you prepare for the inspection contact us and we will get that to you as soon as possible.

We look forward to your partnership and are here to support you any way possible to insure your success moving forward. If you have questions or need additional information don't hesitate to contact us.

Make Check payable and Mail to:

**SUPERIOR SMALL LODGING ASSOCIATION**

5415 Lake Howell Rd, #239, Winter Park, FL 32792

OR complete and return the attached Credit Card Authorization via Fax

FAX: (844) 253-0850

Sunny Regards,

Anne Sallee, Executive Director and CEO  
Florida Superior Small Lodging Association



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## New Member Application

I am the person authorized to apply for membership in the Superior Small Lodging Association  
(Please Print Clearly)

Hotel Name \_\_\_\_\_ Number of Units: \_\_\_\_\_

Hotel Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Hotel Phone \_\_\_\_\_ Hotel Fax \_\_\_\_\_ Hotel Toll Free \_\_\_\_\_

Hotel Email Address \_\_\_\_\_

Hotel Web Address \_\_\_\_\_

Corporate Name (if corporate Owned) \_\_\_\_\_

First Contact Name \_\_\_\_\_  Owner or  Manager

First Contact Phone \_\_\_\_\_ First Contact Email \_\_\_\_\_

Second Contact Name \_\_\_\_\_  Owner or  Manager

Second Contact Phone \_\_\_\_\_ Second Contact Email \_\_\_\_\_

Billing/Owner Address (if different from hotel) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

1<sup>st</sup> Payment - \$ 399.00 Base Membership with application

2<sup>nd</sup> Payment - \$ 15.00 per Unit – Payable after successfully passing the inspection

Dues are collected annually, 12 months from approval Dues are Non-refundable/Non-Transferrable

*I agree to abide by the Code of Ethics, Bylaws, Rules and provisions of membership.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Fax this completed application to 844-253-0850 – or E-Mail: [ExecutiveDirector@SuperiorSmallLodging.com](mailto:ExecutiveDirector@SuperiorSmallLodging.com)

Thank you for Choosing Superior Small Lodging®

## Credit Card Authorization Form

CARDHOLDER INFORMATION	
Name:	
Billing Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email:	

PAYMENT INFORMATION	
	
Card Number:	
Expiration:	
CVV Code:	
Payment Total:	
Payment For:	

AUTHORIZATION	
<i>I hereby authorize the Superior Small Lodging Association to charge my card as detailed above.</i>	
Signature:	
Date:	

**Return Form to Anne Sallee via:**

*Fax: 844-253-0850*

*or*

*Email: [anne@superiorsmalllodging.com](mailto:anne@superiorsmalllodging.com)*