

Consular Lounge
MIAMI INTERNATIONAL AIRPORT

**MIA CONSULAR LOUNGE
Application for Membership**

Name of Applicant _____

Name of Organization _____

Address _____

City _____ State (or Country) _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Mailing Address (Only if different from the above)

Street _____

City _____ State (or Country) _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Authorized Representative of the Organization

Name _____ Title _____

Phone Number _____ Fax Number _____

Name _____ Title _____

Phone Number _____ Fax Number _____



Miami International Airport
P.O. Box 025504
Miami, Florida 33102-5504

File 05.01.14

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Please check the appropriate boxes:

Do you anticipate using the services described in the brochure and how often do you anticipate requesting the following services (How many times per calendar year):

Catering at the Lounge Yes ___ No ___ Usage Frequency ___ Per Mo ___ Year ___

Holding Meetings at the Lounge Yes ___ No ___ Usage Frequency ___ Per Mo ___ Year ___

Using Video/Audio Equipment Yes ___ No ___ Usage Frequency ___ Per Mo ___ Year ___

Event Signage & Billboards Yes ___ No ___ Usage Frequency ___ Per Mo ___ Year ___

Tele-Conferencing Yes ___ No ___ Usage Frequency ___ Per Mo ___ Year ___

Hosting of Special Events Yes ___ No ___ Usage Frequency ___ Per Mo ___ Year ___

This membership is not nominal but institutional. Applications will be approved by MDAD Office of Protocol. The member institution will assign a list of people, limited to two, who will be authorized to request services at the facility. Only the named individuals will be permitted to call the Office of Protocol regarding any issue pertaining to service, accommodations, requests for use, etc...

Initials of Applicant _____

This membership can solely be used in conjunction with a request made to the MDAD Office of Protocol. This request has to meet the minimum requirements that are detailed in the attached document.

Initials of Applicant _____

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By signing below, I certify that I have read, met, and agreed to all the terms, conditions, and disclosures included in this membership package. The annual membership premium to the MIA Consular Lounge is \$500.00, due at time of application submittal.

Signature of Applicant _____ Date _____

Name of Organization _____

FOR OFFICIAL USE ONLY

Received by _____ Date ____/____/____

Information Verified by _____ Date ____/____/____

Processed by _____ Date ____/____/____

Membership Number Assigned MIACL _____ Date ____/____/____

Membership Validity

Membership Period ____/____/____ to ____/____/____

Premium Received on ____/____/____

Authorized by _____ Date ____/____/____