



**MEMBERSHIP APPLICATION**

**Myrtle Beach Area Hospitality Association**

P.O. Box 1303, Myrtle Beach, SC 29578  
Phone (843) 626-9668 □ Fax (843) 626-0009  
www.MBHospitality.org

Business Name

Street Address City State Zip

Mailing Address City State Zip

Billing Address City State Zip

Phone Fax Toll Free/Cell/Other

Consent to receive faxes Date

**signature**

CEO/President:  Mr.  Ms. E-mail

Main Contact:  Mr.  Ms. E-mail

Main Contact's Title

HR/Administrative Support:  Mr.  Ms. E-mail

Marketing Director:  Mr.  Ms. E-mail

Web site

Does Web site promote destinations other than Myrtle Beach area?  Y  N

Date business established Home based business?  Y  N

Number of Employees: Full-Time Part-Time/Seasonal

Please list your major products / services

I HEREBY CERTIFY that I/we operate the above business ethically, and with integrity, striving to the best of our ability to provide excellence in the services and quality in accommodations and/or facilities we provide.

I/We also agree to serve the hospitality/tourism industry by supporting the goals and mission of the Myrtle Beach Area Hospitality Association, its projects and programs. I/We will project a positive image for our industry and the Association. I/We will faithfully comply with the Constitution, By-Laws, and Code of Ethics of the Myrtle Beach Area Hospitality Association during the continuance of my/our membership in said Association.

This membership will apply only to the present owner(s) and applicant(s). In the event of a change of ownership, the Association should be notified and new ownership will be required to reapply, should they desire membership.

I/We understand that the Myrtle Beach Area Hospitality Association Board of Directors reserves the right to reject this application without reason.

**Signed**

**Date**

**Membership Type: Hospitality Services**

**Annual Dues: \$365.00**