



CHARLESTON
AREA
Hospitality
ASSOCIATION

Membership Application Form

Name: _____
Company Name: _____
Company Address: _____
Address (cont.): _____
City: _____
State: _____
Zip Code: _____
Email: _____
Phone Number: _____
Fax Number: _____
Website: _____
of Units: _____

Type of Membership

*Regular Member - Any Hotel, Motel, Inn, Motor Court, Campground or Tourism Home duly licensed by the State.

** Allied Member - Any individual or organization affiliated with the accommodations industry.

Please print a copy of the completed form for your records.

You can also mail a printed copy of this form to us with your check.

Greater Charleston Hotel & Motel Association · 423 King St. · Charleston, SC 29403

Charleston Area Hospitality Association Dues Structure:

Allied: \$467.50

Hotel: 1-51 rooms \$467.50

51-100 rooms \$522.50

101 + rooms \$491.70 + \$2.75 per room

NOTE:

New year invoices are sent out each October.

Dues must be paid by January 31st of each year.