



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: \$457.50

Hotel: 1-51 rooms \$457.50

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.