

JOINT RESTAURANT MEMBERSHIP APPLICATION

FY July 2016 - June 2017

Company Name: _____ Account Exec _____

Salutation: _____ Main Contact Name: _____ Title: _____

Restaurant Operations Contact Name (if different from main): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Website Address: _____ Twitter Handle: _____

Facebook ID: _____ Instagram Handle: _____

Media Contact (Name & Email) : _____

Finance Contact (Name & Email): _____

 **Authorized Name:** _____

 **Signature:** _____ **Date:** _____

PLEASE ATTACH YOUR 175-CHARACTER DESCRIPTIVE LISTING* OF YOUR BUSINESS TO THIS APPLICATION

This listing will appear in the appropriate "Dining" section of ExploreCharleston.com

** The CACVB reserves the right to edit descriptive listings for content, consistency and length.*

2016/17 JOINT MEMBERSHIP ANNUAL DUES <i>(For restaurants only)</i>	<input type="checkbox"/>	\$350.00
À LA CARTE SIDES <i>(Check all boxes that apply):</i>		
September Restaurant Week <i>(Must also provide \$150 in restaurant gift cards)</i>	<input type="checkbox"/>	\$150.00
January Restaurant Week <i>(Must also provide \$150 in restaurant gift cards)</i>	<input type="checkbox"/>	\$150.00
One* printed listing in <i>Official Charleston Area Visitors Guide & Official Charleston Area Golf Guide</i>	<input type="checkbox"/>	\$150.00
<i>*(For additional listings please contact a CACVB Investor Relations Representative)</i>		
CACVB Group Sales & Media Inquiry Leads	<input type="checkbox"/>	\$500.00
TOTAL: \$		_____

METHOD OF PAYMENT*:

Visa _____ MC _____ AmEx _____ Discover _____

Cardholders Name: _____

Statement Billing Address: _____

City: _____

State: _____ Zip: _____

Credit Card #: _____

Expiration: _____

3-Digit Security Code: _____

***FULL PAYMENT REQUIRED WITH ALL APPLICATIONS**

***100% payment required with all applications.**

I/we, as signed, hereby make application for membership to the Charleston Area Convention & Visitors Bureau and the Greater Charleston Restaurant Association. I/we understand that investment is a 12 month commitment and in 1 year's time from July will automatically be renewed unless written cancellation has been received. I further understand that my investment will be subject to automatic cancellation if payment is not received within 30 days after the date of first renewal invoice. Cancelled investors are subject to an additional \$35.00 administrative fee upon reinstatement. I fully understand and agree that investment dues are non-refundable and non transferable.

Applications for membership will be reviewed internally for consideration, subject to the CVB's Code of Business Practices..

GREATER CHARLESTON RESTAURANT ASSOCIATION INC. CODE OF BUSINESS PRACTICES

The GCRA and its members are committed to seeing that guests are treated in a professional and client-focused manner. Members are expected to represent the hospitality industry in a manner that promotes the preservation and sustainability of the natural and man-made resources that make the Charleston area such a special place to live and to visit. These standards include:

Professionalism

- Consistently honoring all commitments and ensuring customer satisfaction through courteous practices that treat our guests with dignity and respect.

Excellence

- Providing value to our guests through quality products and exceptional service.

Responsiveness

- Resolving complaints fairly and quickly.

Accountability

- Complying with all local, state and federal regulations.

The Code of Business Practices assures that membership in GCRA, Inc. is protected and enhanced so that all members may regard their membership with pride. The GCRA reserves the right to reject or discontinue membership due to unbecoming conduct by a member, non-payment of monies owed for dues or other services provided by GCRA, or for reasons that may be deemed detrimental to GCRA's goodwill, reputation, and / or goals of the organization.