

Greater Charleston Restaurant Association
ASSOCIATE MEMBERSHIP APPLICATION

FY July 2016 - June 2017

Company Name: _____ Account Exec _____

Salutation: _____ Main Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Website Address: _____

Twitter Handle: _____ Facebook ID: _____

Media Contact (Name & Email) : _____

Finance Contact (Name & Email): _____

Authorized Name: _____ Signature: _____

Date: _____

2016/17 RESTAURANT ASSOCIATE ANNUAL DUES:

\$300.00

METHOD OF PAYMENT*:

Visa _____ MC _____ AmEx _____ Discover _____

Cardholder's 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 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.

Questions? Please call 843.853.8000 or e-mail: Andy Rankin at arankin@explorecharleston.com, Sandy Nivens at snivens@explorecharleston.com, Martha Bratton at mbratton@explorecharleston.com or William Howle at whowle@explorecharleston.com.