

Membership Application
Crystal Coast Hospitality Association
P.O. 2189
Morehead City, NC 28557

Type of Facility: Lodging Restaurant Other _____

Name of Business: _____

Street Address: _____ Mailing Address: _____

City, State, Zip: _____ Website: _____

Owner: _____ Contact or Manager: _____

Phone: _____ Fax: _____ Email: _____

FULL MEMBERS

Accommodations: \$150 - \$325*

Total # of Hotel/Motel Units _____ # of Rental Condo Units _____ # Rental Cottages _____

Check if applicable:

- | | | |
|--|--|--|
| <input type="checkbox"/> Open Year-round | <input type="checkbox"/> Convention Facilities | <input type="checkbox"/> Meeting Rooms |
| <input type="checkbox"/> Lounge | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Kitchenettes |
| <input type="checkbox"/> In-room Phones | <input type="checkbox"/> In-room Internet Hookup | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Golf Pkgs | <input type="checkbox"/> Kids Activities/Play Area |
| <input type="checkbox"/> Pets Allowed | Other _____ | |

DUES for occupancy-tax-collecting lodging facilities: \$150 minimum. If more than 41 units, multiply the number of units X \$3* (up to a \$300 maximum) and add the \$25 office surcharge = \$ _____ Total

Restaurants: \$150*

Seats _____ Bar _____ Setting _____

Type of Cuisine _____ Specialties _____

Activities & Attractions: \$150*

Describe Business: _____

Retail: \$150*

Describe Business: _____

ASSOCIATE MEMBERS \$150*

Describe Business: _____

*All rates **include** the \$25 office surcharge.

Meetings are scheduled for the 3rd Wed., 10 a.m., each month (except summer at different facilities, upon mail or e-mail notification. Would you be able to host a meeting (site)? _____ If so, when (month)? _____

Fiscal Year for dues is July 1 through June 30. After December 31, dues can be prorated by months. Checks for dues should accompany applications. Please call the office (252-726-6750) with any questions on dues or membership.

Date: _____ Authorized New Member Signature: _____

By: _____ Company: _____