



PO Box 4116, Emerald Isle, NC 28594

Membership Application

Type of Facility: _____ Lodging _____ Restaurant _____ Retail _____ Attraction _____ Other

Name of Business: _____

Street Address: _____

Mailing Address: _____

Contact: _____ Website: _____

Phone: _____ Fax: _____ Email: _____

Member Information:

_____ Restaurants: \$150

Seats _____ Bar _____ Setting _____

Type of Cuisine: _____

_____ Activities & Attractions: \$150

Describe Business: _____

_____ Retail \$150

Describe Business: _____

_____ Associate Member \$150

Describe Business: _____

_____ Accommodations: \$150-\$300

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

Check if applicable:

- _____ Open Year-Round _____ Convention Facilities _____ Kitchenettes
_____ Lounge _____ Restaurant _____ Pool
_____ In-room Phones _____ WI FI _____ Kids Activities
_____ Tennis _____ Golf Pkgs _____ Play Area
_____ Pets Allowed _____ Meeting Rooms _____ Other _____

Dues for occupancy-tax-collecting lodging facilities: \$150 minimum. If more than 41 units, multiply the number of units by \$3.00 (up to \$300 maximum)*25.00 office surcharge =\$_____ Total

Date _____ Company: _____

Authorized New Member Signature: _____

Print Name: _____ Title: _____