



Myrtle Beach Area Chamber of Commerce
 P.O. Box 2115 .. Myrtle Beach, SC 29578
 (843) 626-7444 .. Fax (843) 626-0009
www.MyrtleBeachAreaChamber.com



DINING MEMBERSHIP APPLICATION

Business Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Toll Free/Cell/Other: _____

Consent to receive faxes: _____ Date: _____

signature

CEO/President: Mr. Ms. _____ E-mail: _____

Manager: Mr. Ms. _____ E-mail: _____

Representative: Mr. Ms. _____ E-mail: _____

HR/Administrative Support: Mr. Ms. _____ E-mail: _____

Marketing Director: Mr. Ms. _____ E-mail: _____

Web site: _____


Does your Web site promote destinations other than the Myrtle Beach Area? Y N

Date business established: _____ Home based business? Y N

Number of Employees: Full-Time: _____ Part-Time/Seasonal: _____

Restaurant – Annual Food & Beverage Sales: _____

Please list a brief description of your business:

Restaurant membership includes National Restaurant Association Membership 

I understand the terms of the pro-rated invoice I will receive in June _____ (Please initial)

By signing this application, I agree to operate with integrity and ethically and will strive to provide excellence in the services and quality of accommodations/facilities provided. I understand this application applies only to the current business owner and if changes are made in ownership, notification should be made to the appropriate agency. Membership is nontransferable; the new owners will need to apply for membership. I further understand that all membership applications are subject to board approval.

Signed: _____ Date: _____

OFFICE USE ONLY

Basis of investment: _____	Investment amount \$ _____	Sold By: _____	Dues (FY) Prorated: _____
USCC Code: _____	(CY) Difference: _____		
Main Category: _____	_____		
Board approval: _____	Source: _____	Area: _____	

Charge It!

If you would like to charge to your Visa, MasterCard, American Express or Discover Card, please complete the information below and return it with the remittance copy of your invoice. If you prefer, you may charge it by faxing this form to our accounting division at (843) 448-3007.

Charge to VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____ V-Code:* _____

Name on Credit Card: _____

Credit Card Billing Address: _____

Company ID #: _____ Expiration Date: _____

Company Name: _____

Phone Number: _____ Invoice # or Item: _____

Signature: _____ Total Amount: \$ _____ Date: _____

* Last three numbers on back of card; American Express-four digit number on front of card. V-Code is required to process card.



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BUSINESS DIRECTORY CATEGORY FORM

We are updating our member information in order to better serve you. The following information will be used in our annual publications and on our Web site. It will replace all information currently on file.

This information should be completed by the business owner.

PLEASE PRINT OR TYPE ANY NECESSARY CORRECTIONS

Business Name: _____

Please go to www.MyrtleBeachAreaChamber.com to view the available category listings under Business Directory.

Please list up to five categories in which you would like your business listed on our web site:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

Please visit us online at www.MyrtleBeachAreaChamber.com to access information on Chamber events, activities, member-to-member discounts and on-line member event registration.

Signature of Main Contact: _____ Date: _____

Please mail or fax to: Myrtle Beach Area Chamber of Commerce, PO Box 2115, Myrtle Beach, SC 29578, Fax: (843) 916-7258

OFFICE USE ONLY

Date Received: _____

Weblink Input: _____

Initials: _____



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DINING SEARCH CRITERIA FORM

As a benefit for our restaurant/dining members of the Myrtle Beach Area Chamber of Commerce, you will now be listed in an online dining guide on www.VisitMyrtleBeach.com and www.GrandStrandRestaurants.com and in a printed dining guide in the Official Myrtle Beach Vacation Guide and Pocket guides.

Please fill out the information below. This information should be completed by the business owner.

Business Name: _____

Please check the following dining search criteria:

<p>Restaurant Type:</p> <input type="checkbox"/> Bar/Pub <input type="checkbox"/> Bakery <input type="checkbox"/> Buffet <input type="checkbox"/> Café <input type="checkbox"/> Casual <input type="checkbox"/> Delicatessen <input type="checkbox"/> Diner <input type="checkbox"/> Dinner Theater <input type="checkbox"/> Family <input type="checkbox"/> Fast Food <input type="checkbox"/> Fine Dining <input type="checkbox"/> Seafood <input type="checkbox"/> Steakhouse <input type="checkbox"/> Specialty <input type="checkbox"/> Coffee House/Bar	<p>Food Type:</p> <input type="checkbox"/> American <input type="checkbox"/> Asian <input type="checkbox"/> Barbeque <input type="checkbox"/> Cajun <input type="checkbox"/> Chinese <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> Irish <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Mediterranean <input type="checkbox"/> Mexican <input type="checkbox"/> Pizza <input type="checkbox"/> Seafood <input type="checkbox"/> Southern <input type="checkbox"/> Sub/Sandwiches <input type="checkbox"/> Sushi <input type="checkbox"/> Thai <input type="checkbox"/> Specialty	<p>Additional Information:</p> <input type="checkbox"/> Alcohol Served <input type="checkbox"/> Catering <input type="checkbox"/> Child Friendly <input type="checkbox"/> Curb Side Pickup <input type="checkbox"/> Delivery <input type="checkbox"/> Early Bird Specials <input type="checkbox"/> Entertainment <input type="checkbox"/> Full Menu <input type="checkbox"/> Group Discounts <input type="checkbox"/> Group Seating <input type="checkbox"/> Handicap Accessible <input type="checkbox"/> Kosher <input type="checkbox"/> Late Night Dining <input type="checkbox"/> No Smoking Area <input type="checkbox"/> Open Holidays <input type="checkbox"/> Open 24 Hours <input type="checkbox"/> Outdoor Dining <input type="checkbox"/> Private Room <input type="checkbox"/> Reservations Accepted <input type="checkbox"/> Smoke Free Facility <input type="checkbox"/> Take Out <input type="checkbox"/> Vegetarian Options
<p>Meals Served:</p> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Late Night	<p>Pricing:</p> <input type="checkbox"/> Under \$10 <input type="checkbox"/> \$10 - \$20 <input type="checkbox"/> Over \$20	<p>Credit Cards Accepted:</p> <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> NONE

Descriptive Copy (50 words or less):

Please list secondary contacts in your organization and their e-mail addresses that you wish to receive chamber updates and information:

Signature: _____ **Date:** _____