

Myrtle Beach Area Chamber of Commerce

PO Box 2115, Myrtle Beach, SC 29578
Phone: (843) 626-7444 ~ Fax: (843) 626-0009
MyrtleBeachAreaChamber.com

LODGING INVESTOR APPLICATION



Business Name: _____

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

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

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

Phone: _____ Fax: _____ Toll Free: _____

Cell/Other: _____ General Company Email: _____

CEO/President: Mr. Ms. _____ Email: _____

Manager: Mr. Ms. _____ Email: _____

Marketing Director: Mr. Ms. _____ Email: _____

Website: _____

Does your website promote destinations outside the Grand Strand? Y N Home-based business? Y N Date business established: _____

Number of Employees: Full-Time: _____ Part-time/Seasonal: _____ Number of rooms or rental units: _____

Please describe your business using keywords or phrases likely to be used when searching for your product or service. Sentences preferred, additional keywords can be listed separately.

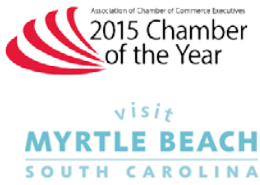
List your top three reasons for joining the chamber:

1. _____
2. _____
3. _____

By signing this application, I agree to operate ethically and with integrity 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. New owners will need to apply for membership. I further understand that all membership applications are subject to board approval.

Signed: _____ Date: _____

I



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Company Social Media Profiles

Facebook: _____

Twitter: _____

LinkedIn: _____

Pinterest: _____

YouTube: _____

Instagram: _____

OPTIONAL | For statistical purposes only, please indicate whether your business is more than 50 percent owned by one of the following demographics:

African American LGBTQA Veteran

Asian Pacific American Native American Woman

Disabled American Subcontinent Asian American

Business Directory Categories

1. _____

2. _____

3. _____

4. _____

5. _____

OFFICE USE ONLY

Basis of Investment: _____ Investment Amount: \$ _____ Sold By: _____ Dues (FY) Prorated: _____

USCC Code: _____ Source: _____ (CY) Year Difference: _____

Main Category: _____ Area: _____

Date Received: _____ Weblink Input: _____ Board Approval: _____



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LODGING SEARCH CRITERIA FORM

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

Business Name: _____

Please check the following lodging search criteria:

Please check all of the following lodging amenities that you offer:

- | | | |
|---|---|---|
| <input type="checkbox"/> Accepts Students** | <input type="checkbox"/> In-Room Jacuzzi | <input type="checkbox"/> Online Reservations |
| <input type="checkbox"/> Coffeemaker in Room | <input type="checkbox"/> In-Room Safe | <input type="checkbox"/> Open Year Round |
| <input type="checkbox"/> Daily Maid Service | <input type="checkbox"/> In-Room Washer/Dryer | <input type="checkbox"/> Outdoor Pool |
| <input type="checkbox"/> Departure Housekeeping | <input type="checkbox"/> Iron/ Ironing Board | <input type="checkbox"/> Pet Friendly* |
| <input type="checkbox"/> Efficiency Rentals | <input type="checkbox"/> Kiddie Pool | <input type="checkbox"/> Restaurant on Site |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Room Service |
| <input type="checkbox"/> Entertainment Packages | <input type="checkbox"/> Lazy River | <input type="checkbox"/> Sat.-to-Sat. Rentals |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Long Term Rentals | <input type="checkbox"/> Security |
| <input type="checkbox"/> Game Room | <input type="checkbox"/> Lounge | <input type="checkbox"/> Shuttle Service |
| <input type="checkbox"/> Golf Packages | <input type="checkbox"/> Meeting Rooms | <input type="checkbox"/> Smoke-Free Facility |
| <input type="checkbox"/> Handicapped Rooms | <input type="checkbox"/> Near Beach Access | <input type="checkbox"/> Sun.-to-Sun. Rentals |
| <input type="checkbox"/> Heated Pool | <input type="checkbox"/> Nonsmoking Rooms | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Oceanfront Rooms | <input type="checkbox"/> Travel Agent Commission |
| <input type="checkbox"/> Indoor Pool | <input type="checkbox"/> Ocean View Rooms | <input type="checkbox"/> Wireless/Internet Access |

Additional Bed & Breakfast Amenities:

- Full Breakfast Private Baths In-Room TV In-Room Telephone In-Room Fireplace

Please Note: *We cannot specify times of year or sizes and types of pets that are allowed. ** We cannot specify ages or times of year students are accepted.

Signature: _____ **Date:** _____

Please mail or fax to: Myrtle Beach Area Chamber of Commerce, PO Box 2115, Myrtle Beach, SC 29578, Fax: (843) 626-0009



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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 completed application copy of your invoice. If you prefer, you may also fax this form to our membership division at (843) 626-0009.

Charge to VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____ V-Code* _____

Name on Credit Card: _____

Company Id #: _____ Expiration Date: _____

Credit Card Billing Address: _____

Company Name: _____

Phone Number: _____ Invoice: _____

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.