



Myrtle Beach Area Chamber of Commerce
 PO Box 2115, Myrtle Beach, SC 29578
 Phone: (843) 626-7444 Fax: (843) 626-0009
 MyrtleBeachAreaChamber.com
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: _____

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/services 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: _____



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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:

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> LGBTQA | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Asian Pacific American | <input type="checkbox"/> Native American | <input type="checkbox"/> Woman |
| <input type="checkbox"/> Disabled American | <input type="checkbox"/> 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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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.