APPLICATION FOR MEMBERSHIP IN THE OCEAN CITY
HOTEL-MOTEL-RESTAURANT ASSOCIATION

I hereby apply for membership in the Ocean City Hotel-Motel-Restaurant Association and submit the following information:

Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Toll-Free: _____

Email: _____ Website: _____

Name & Title of person to represent said Member: _____

Emergency Contact & Cell Phone Number: _____

Type of Business & 25-word description: _____
_____
_____

I HEREBY CERTIFY that I operate the above business with integrity, maintaining high standards of ethics and striving to the best of my ability to provide excellence in service and quality in accommodations or facilities. I also agree to make every effort to serve the tourist industry without misrepresentation.

I am interested in working with the OCHMRA to further promote tourism in Ocean City. I will support OCHMRA and strive to project a positive image for our industry and Association.

This membership will apply only to the present owner and applicant. In the event of change of ownership, the Association should be notified and new ownership will have to reapply, should they desire membership.

I understand that said Corporation reserves the right to reject this Applicant without reason.

I will faithfully comply with said By-Laws during the continuance of my membership.

_____	_____	_____	_____
No. of Units	No. of Seats	Signature of Applicant	Date Applied
(Hotels & Motels)	(Restaurants)		

_____ *Active Membership (Lodging 100+ units) $325*

_____ *Active Membership (Lodging 26-99 units or Restaurant 50 or more seats) $300*

_____ *Associate Membership (Lodging less than 25 units or Restaurant less than 50 seats) $225*

_____ *Allied Membership $250*

APPLICANT MUST BE RECOMMENDED BY AN ACTIVE MEMBER:

Name & Company Name of Active Member: _____

Address: _____ Phone Number: _____