



Post Office Box 10010 ♦ Savannah, GA 31412  
 Telephone 912.232.1223 ♦ Fax 912.236.8821 ♦ e-mail tlc@tourismleadershipcouncil.com

## Membership Application

Date \_\_\_\_\_

Business name \_\_\_\_\_

Contact name \_\_\_\_\_ Job title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail address \_\_\_\_\_

Website \_\_\_\_\_ Number of employees \_\_\_\_\_

Please list additional personnel who should receive correspondence. Additional contacts may be submitted on a separate sheet.

Name \_\_\_\_\_ Job title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail address \_\_\_\_\_

Referred by \_\_\_\_\_ Business name \_\_\_\_\_

I suggest the following business be contacted regarding TLC membership \_\_\_\_\_

Contact name \_\_\_\_\_ Phone \_\_\_\_\_

### Dues Information

Minimum dues are \$220 and maximum dues are \$1320, regardless of category. For owners of more than one business, dues for the first business are full price and dues for additional businesses are half the regular amount. (Full price dues apply to the largest amount.) Annual renewals correspond with the calendar year. For new members, dues are pro-rated on a monthly basis. Please call the TLC office if you need assistance calculating your dues.

**Please indicate the number of rooms, seats or employees for the category that applies to your membership:**

<b>Lodging Properties</b>		<b>Number of Rooms</b>
Larger hotel properties (100 rooms or more)	\$4.95 per room	_____
Motels, Inns and Bed & Breakfasts	\$3.30 per room	_____
<b>Restaurants</b>		<b>Number of Seats</b>
1-50 Seats	\$220.00	_____
51-150 Seats	\$330.00	_____
More than 150 seats	\$440.00	_____
<b>Industry-related Businesses</b>		<b>Number of Employees</b>
1-10 Employees	\$220.00	_____
11-35 Employees	\$330.00	_____
36-75 Employees	\$440.00	_____
More than 75 Employees	\$550.00	_____

Annual dues \$ \_\_\_\_\_ Pro-rated dues \$ \_\_\_\_\_ (new members - full amount only required if joining in January)

\_\_\_\_ Charge my credit card  American Express  Discover  Mastercard  Visa

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Billing zip code \_\_\_\_\_

\_\_\_\_ Check enclosed (made payable to Tourism Leadership Council)