



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: _____ Web site: _____

Name & Title of person to represent said Member: _____

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
 Hotels & Motels

 No. of Seats
 Restaurants

 Signature of Applicant / Date

APPLICANT MUST BE RECOMMENDED BY AN ACTIVE MEMBER:

Name & Company Name of Active Member: _____

Address: _____ Phone Number: _____

____ Active Membership
 \$ 285
 (25 units or 50 seats)

____ Associate Membership
 \$ 210
 (10 - 25 units or < than 50 seats)

____ Condo Hotel
 \$500
 (>25 units)

____ Allied Membership
 \$ 185