



Greater Chattanooga Hospitality Association Membership Application

Membership Category:

- Lodging
- Restaurant
- Allied (Supplier)

Please consider the application of _____

For membership in the Greater Chattanooga Hospitality Association in the amount of _____ to be paid annually.

Please fill out and print this application and submit with a check to the
Greater Chattanooga Hospitality Association.

P. O. Box 1111

Chattanooga, TN 37402

Authorized Signature _____

Title: _____

Address: _____

City/State/Zip: _____

Nature of Business: _____

Email: _____

Phone Number: _____

Annual Membership Fees:

Regular Members - \$1.00 for every unit (minimum \$100)

Restaurant Members - \$100.00

Allied Members - \$100.00