Gatlinburg Hospitality and Tourism Association

Membership Application

Type of Membership (check one)

_____ **Membership - $100** (please check one: Lodging ___, Restaurant __, Attraction_____ with business license within the city limits of Gatlinburg, TN)

_____ **Allied Membership - $100** (Any business (without a business license) that is associated with member companies within the city limits of Gatlinburg, TN).

Business/Contact Information

*Business/Company Name: _____

* Mailing Address: _____

*City: _____ State: _____ Zip: _____

*Business Web Site Address: _____

*Business Phone: (____) _____ Business Email:_____

Primary Contact Name (person): _____Title: _____

Contact (person) Email Address: _____

Contact (person) Phone: (____) _____ Cell: (____) _____

125 Word Description of your business:

_____
_____
_____
_____
_____
_____
_____

(* Used to fill in your company's listing on GHTA's website. *Renewing members: Please check your listing on the "Members" page of the GHTA website to confirm it is up to date.*)

Additional representative(s) of your company to receive GHTA communications, meeting notices, etc.

Name: _____

E-Mail: _____

Name: _____

E-Mail: _____

Please mail completed GHTA application along with the $100 membership to:

GHTA – P.O. Box 1368- Gatlinburg, TN 37738

Pay online at www.gatlinburghospitality.com