



Greater Chattanooga Hospitality Association Membership Application

Membership Category:

- Hotel
- 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

Name (please print): _____

Title: _____

Address: _____

City/State/Zip: _____

Nature of Business: _____

Email: _____

Phone Number: _____

Authorized Signature: _____

Annual Membership Fees:

Hotels up to 150 Rooms - \$200

Hotels 151 to 200 Rooms - \$250

Hotels 200+ Rooms - \$350

Restaurants - \$200.00

Allied Members (Attractions/Suppliers) - \$200.00