



Partner Application

Website Information to be Published:

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Keywords for your Partnership: _____

Partnership Category: _____

Phone Number to be listed: _____

Email: _____

Website: _____

I am interested in having a ribbon cutting

Primary Contact Information:

Name/Email: _____

Physical Address: _____

City: _____ _____ State: _____ Zip: _____

Mailing Address Billing Address

City: _____ State: _____ Zip: _____

Cell number to receive text messages: _____

Referred by: _____

For Internal Use Only:

Number of Full-time employees: _____	DUES INVESTMENT: \$ _____
FTE Equivalents: _____	Additional Affiliates @ \$150/ea.: \$ _____
Rooms/units: _____	Foundation Contribution: \$ _____
	TOTAL: \$ _____

Partnership Agreement

We agree to support Destination North Myrtle Beach in accordance with the dues structure approved by the Board of Directors. Partnership dues not paid within 90 days of invoice will result in cancellation of the Partnership. Dues are deductible for income tax purposes as an ordinary business expense, not as a charitable contribution.

Information received as a benefit of Partnership from Destination North Myrtle Beach is proprietary and not to be shared. Reproduction or circulation of such information without the written permission of Destination NMB is strictly prohibited.

I understand that by providing the email addresses of contacts on behalf of the company/organization, I am authorized to and hereby consent for the company/organization to receive emails and text messages sent by or on behalf of Destination North Myrtle Beach.

I understand all Partnership funds will be used to improve the quality of life for businesses and individuals in the North Myrtle Beach area and advance the prosperity of North Myrtle Beach. All Partnership applications are subject to the approval of the Board of Directors. When accepted, Partnership fees are non-refundable.

Partner activation begins after Board acceptance and receipt of dues payment.

Signature/Date: _____

Additional Information

One of our objectives is to tell the stories of North Myrtle Beach and our dues investors. We collect your business descriptions to use in features, on the website, in the directory, and through social media.

Business Description

(this information will be used as your "About" description on your Chamber Business Directory Listing)

Additional Names/Titles/Email/Numbers for Receiving Communications:

1. _____

2. _____

3. _____

4. _____

5. _____

I would be interested in the following (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Ambassadors |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Community Relations and Advocacy |
| <input type="checkbox"/> Destination Marketing | <input type="checkbox"/> Lunch and Learn |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Sponsorships |
| <input type="checkbox"/> Member Recruitment | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Events | <input type="checkbox"/> Ribbon Cutting |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Volunteering |