



2017-2018 Membership Application

Company/Organization: _____

REFERRED By: _____

Primary Contact: _____

Title: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Fax: _____ Website: _____

Second Member & Title: _____

Phone: _____ E-mail: _____

Third Member & Title: _____

Phone: _____ E-mail: _____

July 2017– June 2018 Partnership Fee	
South Carolina Partnership Fee \$100 (<u>includes three representatives</u>)	\$ _____
Out of State Partnership Fee \$175 (<u>includes three representatives</u>)	\$ _____
Supporter Only \$75	\$ _____
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Additional Participating Members: \$25/each	
<hr/>	
NAME: _____	+ _____
NAME: _____	+ _____
Total Enclosed:	= \$ _____

Checks are Payable to:
York County Partners in Tourism
Attn: Treasurer, PIT
PO Box 11377, Rock Hill, SC 29731

Treasurer's Use Only
Join Date: _____ Check# _____

PLEASE MAIL YOUR APPLICATION WITH YOUR CHECK.