



PO BOX 4978, SEVIERVILLE, TN 37864

APPLICATION FOR MEMBERSHIP

Please Print Clearly

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

First Representative _____

Phone Numbers o: (_____) _____ c: (_____) _____

Email Address _____ Fax _____

Second Representative _____

Phone Numbers o: (_____) _____ c: (_____) _____

Email Address _____ Fax (_____) _____

Does this person have authority to vote for your property in your absence? Yes _____ No _____

Your Company's Website _____

Check membership type: Regular _____ Allied _____

Regular Members may represent lodging, restaurant, attraction, or wedding provider businesses.

Regular Members must have a Sevierville business license. All others are Allied Members.

Annual Dues (Regular or Allied): \$100

*Make out your check to the **Sevierville Hospitality Association**
and mail it together with your application to the address above.*

Annual dues are payable by March 31. Thank you for your Membership!

New Member _____ Renewal Member _____ Date _____