



# Motorcoach Association of South Carolina

**Mailing Address:** 106 Main Street, Brookneal, VA 24528  
888-376-1150 FAX 866-376-1156

## APPLICATION FOR ASSOCIATE MEMBERSHIP

Please complete information in type or print. Forward the application along with a check in the amount of \$200 made payable to MCASC or complete the credit card information below. Mail to the above address.

I hereby apply for a membership to the Motorcoach Association of South Carolina. I agree that if I am accepted into membership, I will abide by the By-Laws of the Association to the best of my ability. I will strive to improve the industry to which I belong and will insist on my Association doing the same.

**Company Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **800 #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Web:** \_\_\_\_\_

**Date Business was Started:** \_\_\_\_\_

**Category for Directory Listing:** (Check the category that best describes your business and write cross reference (CR) next to any other category that describes your business.)

**Attraction**     **Hotel**     **Restaurant**     **Sales, Service, Products**  
 **Theatre**     **Tour Receptive**     **Tourism Agency**

List representative(s) who are to be listed as company contact(s) in the Directory and will be active in the Motorcoach Association of South Carolina:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____

List key representative and correct mailing address for the individual who should receive all MCASC correspondence:

**Key representative:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **800 #:** \_\_\_\_\_

### Annual Membership Fee: \$200

Membership benefits include the MCASC Annual Meeting and one listing in the MCASC Membership Directory that is distributed to all members. Annual Meeting registration materials are sent to members only.

### Information for Payment by Credit Card

Type: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Applicant Representative)