



**GOLD COAST CONCIERGE ASSOCIATION
Vendor Membership Application**

Company Name: _____

Contact Name: _____ **Title:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Office #: _____ **Fax #:** _____

Cell #: _____ **Email:** _____

Year established: _____ **Number of Employees:** _____

Type of Business: _____

Website address: _____

GCCA Concierge Sponsor: _____
(Name and Property)

Do you speak any foreign languages? YES () NO ()

If yes which languages? _____

Are you a member of any other guest service associations? YES () NO ()

If yes, please state which associations you belong and your participation. _____

Why do you wish to become a member of the GCCA? _____

I, the undersigned, hereby authorize the Gold Coast Concierge Association (GCCA) to verify the above information and understand that misrepresentation of any information can lead to denial of membership. If admitted to the Association I, and any representatives of my business, will abide by the By-laws, Code of Ethics and Professional Standards of the Association. I am aware that any violation of the By-Laws, Code of Ethics and Professional Standards may be grounds for review by the Board and could lead to expulsion from the Association.

Signature of Applicant: _____ **(Date)**

All applications are subject to approval by the Board of Directors, and are non-transferable. Upon review the applicant will be notified within thirty (30) days from the date that the application is received.

Please enclose:

- Completed application**
- Two (2) Business Cards**
- Press Kit/Company Information**
- Insurance certification when applicable**
- Check for \$200.00 made payable to the Gold Coast Concierge Association**

PLEASE DO NOT WRITE BELOW THIS LINE

Date received: _____

Accepted: _____ **Denied:** _____ **Date:** _____

(President)

(Vice President)

(Treasurer)

(Secretary)

(Membership Director)