



Grand Strand SCENE Membership Application

Name _____
Last First Middle Initial

Business/Organization _____

Title or Responsibility _____

Preferred Mailing Address _____
Street City State Zip

Preferred Phone _____ Fax _____

Preferred E-mail* _____

*Please note that we communicate with our membership via e-mail. Therefore, it is required to supply an e-mail address.

Demographic Information*

*This information is optional and will only be used to create a composite profile. All information kept in strict confidence.

Sex: Male Female

Age: 21-25 26-30 31-35 36-39 40+

Education: High School Associates Bachelors Masters Doctorate

Committee Volunteer Opportunities

I would like to get more involved! Please send me information about the following committee volunteer opportunities.

Events/Education Marketing/ Public Relations Membership Community Involvement

How did you hear about gsSCENE?

My Employer Friend Advertising Chamber of Commerce Word of Mouth Other

What do you want to most get out of gsSCENE?

Networking/Socials Community Service Professional Development Other

Annual Membership Dues

Mail form to: Myrtle Beach Area Chamber of Commerce, gsSCENE, P.O. Box 2115, Myrtle Beach, SC 29578-2115

Fax form to: (843) 626-0009, attention: Blakely Jenkins

Make checks payable to Myrtle Beach Area Chamber of Commerce

_____ Individual \$50

_____ Business Membership 5 + employees to join \$45/person (each applicant must fill out application)

Check Enclosed _____ Credit Card _____ (please call Blakely Jenkins at 916-7232)

Signature _____

Date _____

Questions or more information please call, Blakely Jenkins at (843) 916-7232 or
e-mail Blakely.Jenkins@VisitMyrtleBeach.com