

Membership Application Form

Savannah Association of Local Tours, Inc. (SALT)

Thank you for your interest in joining the Savannah Association of Local Tours, Inc. (SALT). We look forward to the possibility of working together to enhance and promote the local tour industry in Savannah.

Applicant Information

Full Name: _____

Business/Organization Name: _____

Title/Position: _____

Mailing Address:

Street: _____

City: _____ State: _____ ZIP Code: _____

Phone Number:

Office: _____

Mobile: _____

Email Address: _____

Website: _____

Membership Category

Please select the membership type you are applying for:

[] Active Member

Entities directly involved in providing tour services.

[] **Associate Member**

Businesses and organizations allied with the tour industry but not directly providing tours.

Business/Organization Details

Type of Business (check all that apply):

- ☐ Tour Operator
- ☐ Industry associated business
- ☐ Community partners
- ☐ Regional organizations
- ☐ Cultural/Historical Site
- ☐ Other: _____

Brief Description of Services:

Years in Operation: _____

Number of Employees: _____

Supporting the Mission and Objectives

Please briefly describe how your membership will support the mission and objectives of SALT, and how SALT may best serve your needs and interests:

Agreement to Code of Conduct

By signing below, I acknowledge that I have read and agree to adhere to the SALT Code of Conduct. I understand that adherence to the Code of Conduct is a condition of membership.

Please attach a signed copy of the SALT Code of Conduct to this application.

Dues Payment

All members are required to pay annual dues upon acceptance and annually thereafter.

Active Members: \$_____ per year

Associate Members: \$_____ per year

Honorary Members: \$_____ per year

An invoice will be sent upon approval of your application. Please do not send payment with your application.

Required Documentation

Please ensure the following items are included with your application:

- Completed and signed membership application form.
- Signed SALT Code of Conduct.
- Copy of Savannah Tourism Department business license (for Active Members).
- Any additional supporting documents relevant to your membership.

Applicant's Declaration

I hereby apply for membership in the Savannah Association of Local Tours, Inc. (SALT). I affirm that the information provided in this application is true and accurate to the best of my knowledge. I agree to support the mission and objectives of SALT and comply with all bylaws, policies, and the Code of Conduct.

Applicant's Signature: _____

Date: _____

Submission Instructions

Please submit your completed application and required documents to:

Secretary, Savannah Association of Local Tours, Inc. (SALT)

Mailing Address: P.O. Box _____, Savannah, GA _____

Email: secretary@savesavannah.org

For SALT Use Only

Date Received: _____

Application Complete: ☐ Yes ☐ No

Required Documentation Received: ☐ Yes ☐ No

Board Review Date: _____

Board Decision: ☐ Approved ☐ Denied

Date Applicant Notified: _____

Remarks:

Membership Termination Policy

Membership may be terminated for:

- Resignation: Upon written notice to the Secretary.
- Non-Payment of Dues: After a 60-day delinquency following written notice.
- For Cause: For actions detrimental to SALT, upon a two-thirds (2/3) vote of the Board after the member is given an opportunity for a hearing.