



**ASSOCIATE MEMBERSHIP APPLICATION**

Name of Business: \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ Phone/Fax

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Web Site

\_\_\_\_\_ Contact Person

\_\_\_\_\_ E-mail Address

Product \_\_\_\_\_

Membership includes a complete set of CONY Campground Member labels or an e-mailed list. Please make your selection below:

- Yes, I would like mailing labels
- Yes, I would like an electronic list sent

Note: A \$25 charge for an additional set.

Activate my membership  Cost \$250

\_\_\_\_\_ Signature

**PAYMENT OPTIONS:** Mail your check made payable to "CONY" to 1 Grove Street, Suite 200, Pittsford, NY 14534 or fax your credit card payment 585 586-4368.

Credit: M/C or Visa \_\_\_\_\_  
Credit Card No.

\_\_\_\_\_ Exp Date

\_\_\_\_\_ Signature

\_\_\_\_\_ CCV No.

\_\_\_\_\_ Billing zip code