



www.VisitCallicoon.com

## 2018 Membership Application

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Physical Address: \_\_\_\_\_  
(leave blank if same)

Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

I have enclosed payment of \$110 for my business membership or \$25 for my community membership to the Callicoon Business Association. I understand my membership entitles me to the benefits described in the membership letter. I agree with the Bylaws of the Callicoon Business Association.

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

Make checks payable to: **Callicoon Business Association**  
**PO Box 303, Callicoon, NY 12723**