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## 2018 Not-for-Profit Membership Application

Organization: \_\_\_\_\_

Representative: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

I have enclosed a copy of our Tax Exemption Certificate (or other proof of Not-for-Profit Status) and my organization's Mission Statement (optional), for my complimentary NFP 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**