



www.VisitCallicoon.com

2020 501(c)3 Membership Application [Fee Waived]

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 with the exclusion of voting. 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