

2018 Membership Application

We are excited to welcome you as a new member! Please tell us about your business. . .

Business Name:		Contact Name:		
Business Address:				
Mailing Address (if different):		City:	State:	Zip:
Phone:	1-800 #:	· · · · · · · · · · · · · · · · · · ·	Fax:	
Website:		E-mail:		
Details description of your busine	PSS:			
Directions to your business? (Loca	ation, exit numbers, etc.)			
Hours of Operation/Months Open	1:			
ADMISSION/PRICE RANGE: \$ Photos attack Photos to be Photos to be		ched 1 e e-mailed e mailed e brought to office	-displays/products	
Additional Information	for: (CHECK ALL T	HAT APPLY)		
GENERAL: Food/Beverage App/Snack Entrees Alcohol	Bar/Lounge Carry Out Gift Shop	☐ Entertainment (r☐ Events☐ WIFI Access		Pet Friendly Handicap Accessible
BOATING, CAMPING, CANOEING Cabins Showers	Laundry Sewer Hook-up	Swimming Pool Lake/River/Swim		Canoe/Kayak Boat Rental
GOLFING: Par Yardage Slope Rating	☐ Driving Range☐ Pro Shop	Locker Room Restaurant/Food		Lounge
LODGING:# of rooms	☐ Suites ☐ Efficiencies ☐ Smoking Rooms	Restaurant on Pr Restaurant(s) Ne Serves Breakfast	earby	Exercise Equipment Indoor Pool Outdoor Pool
FOR OFFICE USE O	ONLY: VG category: VG sub-categ Link category	gory:	LH CD BT	