

2020 Membership Application

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

Business Name: _____ Contact Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Phone: _____ 1-800 #: _____ Fax: _____

Website: _____ E-mail: _____

Detailed description of your business: _____

Directions to your business? (Location, exit numbers, etc.) _____

Hours of Operation/Months Open: _____

ADMISSION/PRICE RANGE:

\$ _____

Please send us photos! (as high of resolution as possible)

<input type="checkbox"/> Photos attached <input type="checkbox"/> Photos to be e-mailed <input type="checkbox"/> Photos to be mailed <input type="checkbox"/> Photos to be brought to office	<p>Types of photos could include:</p> -business logo & building -displays/products -people in action having fun
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Additional Information for: (CHECK ALL THAT APPLY)

GENERAL:

<input type="checkbox"/> Food/Beverage	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Entertainment (musical)	<input type="checkbox"/> Pet Friendly
___ App/Snack	<input type="checkbox"/> Carry Out	<input type="checkbox"/> Events	<input type="checkbox"/> Handicap Accessible
___ Entrees	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> WIFI Access	
___ Alcohol			

BOATING, CAMPING, CANOEING:

<input type="checkbox"/> Cabins	<input type="checkbox"/> Laundry	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Canoe/Kayak
<input type="checkbox"/> Showers	<input type="checkbox"/> Sewer Hook-up	<input type="checkbox"/> Lake/River/Swim	<input type="checkbox"/> Boat Rental

GOLFING:

___ Par	<input type="checkbox"/> Driving Range	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Lounge
___ Yardage	<input type="checkbox"/> Pro Shop	<input type="checkbox"/> Restaurant/Food	
___ Slope Rating			

LODGING:

___ # of rooms	<input type="checkbox"/> Suites	<input type="checkbox"/> Restaurant on Property	<input type="checkbox"/> Exercise Equipment
	<input type="checkbox"/> Efficiencies	<input type="checkbox"/> Restaurant(s) Nearby	<input type="checkbox"/> Indoor Pool
	<input type="checkbox"/> Smoking Rooms	<input type="checkbox"/> Serves Breakfast	<input type="checkbox"/> Outdoor Pool

FOR OFFICE USE ONLY:

REFERRAL: _____	VG category: _____	V _____	DB _____
	VG sub-category: _____	GT _____	FB _____
	Web category: _____	MP _____	CC _____