

Membership Application

One Massey Avenue, PO Box 1441, Chautauqua, NY 14722 Phone: 716-357-4569

NEW MEMBER

CURRENT MEMBER

Business Name: _____

Contact Name: _____

Business Address: _____

Mailing Address if Different: _____

Email: _____

Website: _____

Phone: _____

Fax: _____

Website listing description (if new member or providing changes):

****Please send pictures for listing to Scott at Communications@tourchautauqua.com****

For Credit/Debit Card - Please Complete this Section

Visa Mastercard Discover Amex

Card# _____

Exp. Date ____/____ Amount \$ _____

Name on Card _____

Billing address (if different) _____

Make Checks Payable to: CCVB, One Massey Ave, P.O. Box 1441, Chautauqua, NY 14722