



CAMPGROUND MEMBERSHIP ENROLLMENT FORM

Send to: 100 Saratoga Village Blvd, Suite 37S Malta, NY 12020
(585) 586-4360 | info@campnewyork.com

SECTION 1: AFFIDAVIT

I, _____ (print name), being a duly sworn officer, owner, or manager of
_____ (print business), an independently owned campground located in the
State of New York, do hereby request membership enrollment in Campground Owners of New York, Inc. (CONY).

As a CONY member, I will adhere to the principles and policies set forth by CONY, an association dedicated to the promotion, growth, improvement and development of independently owned campgrounds in New York State.

It is further understood that my campground will be granted use of the CONY corporate and brand logos in my advertising programs, but not for direct financial gain from that logo (such as sale of CONY logo-imprinted merchandise) without express written approval from CONY. It is also understood that the use of these logos is extended only as long as the member campground is a member in good standing.

It is understood that enrollment will not be activated or acted on until receipt and processing of annual membership dues paid in full. Should there be any reason the initial membership enrollment is not activated, the dues will be returned.

Enrollee will provide with this form (please attached a copy and fill in info below):

A valid New York State Health Permit # _____, with expiration date of ____ / ____ / ____

Signature

Date

SECTION 2: MEMBER ENROLLMENT INFO

Campground Name

Primary Contact Person

Title

Mailing Address

Mailing City, State, Zip Code

Primary Contact Phone #

Primary Contact Email

Total # of sites & rental units (combined):

SECTION 3: DUES CALCULATION/PAYMENT

Calculate:

Base Fee: \$ _____

If 25 or fewer campsites/rental units: \$485

If 26 or more campsites/rental units: \$575

Add \$2.75 per site: \$ _____

of sites _____ x \$2.75

Total Dues \$ _____

Adjusted Total Dues* (if applicable, see below) \$ _____

**CONY caps dues at \$1,200 for each park. If enrolling multiple parks in your membership, you can deduct \$100 per park.*

Check enclosed Credit Card M/V/Amex/Disc

Credit Card #

Exp Date

Billing Zip Code

CCV #

Credit Card Processing Authorization Signature

For office use only: Date Received: ____ / ____ / ____ County: _____ Vacation Region: _____

Health Permit Received Emailed/Mailed Welcome Packet (letter, logos, login, etc) CG Listing Form Received Added to MemberZone

Confirmed Listing Added to CampNewYork.com Submitted info to NCA