



# 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 attach 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