



# CAMPGROUND Membership Enrollment Form

Send to: CONY, 1 Grove St., Suite 200, Pittsford, NY 14534  
(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 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: \$385*  
*If 26 or more campsites/rental units: \$450*

**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 360blast mailing lists       Added to MemberZone Database       Added Affinity Programs, if any
- Added to CampCONY.com Database & Activated       Confirmed Listing Added to CampNewYork.com       Submitted info to NCA