



# AFFILIATE VENDOR MEMBER 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), do hereby request affiliate vendor membership enrollment in Campground Owners of New York, Inc. (CONY).

As a CONY affiliate vendor 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, with a vision to be the model campground association by providing professionalism and diversity in our programs, education, services, advocacy and support for continued growth and collaboration within the outdoor hospitality industry.

It understood that as an affiliate vendor member, my business 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 affiliate vendor member 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note, affiliate vendor membership includes receipt of a current list of CONY campground members sent with your onboarding welcome outreach.*

## SECTION 2: AFFILIATE VENDOR MEMBER ENROLLMENT INFO

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Primary Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing City, State, Zip Code

\_\_\_\_\_  
Primary Contact Phone #

\_\_\_\_\_  
Primary Contact Email

Brief Business Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: DUES PAYMENT

Affiliate Vendor Membership Fee: \$250.00

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Emailed/Mailed Welcome Packet (letter, logos, login info, etc)
- Membership Listing Received
- Added to Constant Contact mailing lists
- Added to MemberZone Database
- Added to CampNewYork.com Database & Activated
- Welcomed on Social Media
- Welcomed in member e-news blast
- Welcomed in print newsletter