



Membership Application

Chautauqua County Visitors Bureau

Business Name _____

Contact Name _____

Business Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____

Website _____

Mailing Address (If different) _____

Description of your business for website listing

Please provide a digital photo for your website listing.
Email to cferraro@tourchautauqua.com or mail a print to the address below.

Enclosed is check # _____ for \$75 in payment of annual membership dues.
Mail to: Chautauqua County Visitors Bureau, P. O. Box 1441, Chautauqua NY 14722
716.357.4569 FAX 716.357.2284

PAY BY CREDIT CARD!

If paying by Credit Card, please complete this section

VISA

MASTERCARD

DISCOVER

CARD # _____

EXPIRATION DATE ____ / ____ AMOUNT \$ _____

NAME ON CARD _____ SIGNATURE _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE _____