CHAUTAUQUA COUNTY
VISITORS BUREAU
TOURCHAUTAUQUA.COM

Membership Application

☐ NEW MEMBER ☐ CURRENT MEMBER

Business Name:_____

Contact Name:_____

Business Address:_____

_____

Mailing Address if Different:_____

_____

Email:_____

Website:_____

Phone:_____

Fax:_____

Website listing description (if new member or providing changes):

****Please send pictures for listing to Scott at Communications@tourchautauqua.com****

For Credit/Debit Card - Please Complete this Section: Cost is $100

☐ **Visa** ☐ **Mastercard** ☐ **Discover** ☐ **Amex**

Card#_____

Exp. Date _____/_____ Amount $_____

Name on Card_____

Billing address (if different) _____

_____

Make Checks Payable to: CCVB, P.O. Box 1441, Chautauqua, NY 14722

Visit www.tourchautauqua.com/about/member-programs
or call CCVB at 716-357-4569 for more information