



Membership Renewal Application

Membership remains a bargain at \$55 for the year and you will continue be included on the CABA website. Please email logo or photo to webmaster@visitthamny.com.

This form is for correcting/changing information in your current listing.

Business Name _____

Business names that begin with "The" will be alphabetized by the first letter of the second word. For example "The Linen Shop" will be listed under the letter "L." If your business name starts with "The" and you would prefer to be listed alphabetically under "T" please let us know.

Contact Name _____

Business Street Address _____

We can accommodate only one business address.

Business City _____

Business Phone Number _____

One phone number per member business.

Business Fax Number _____

One fax number per member business.

Business Email Address _____

One email address per member business.

Web Address _____

One website per member business.

Business Hours _____

Business Description _____

Limit 50 words.

Business Category: Dining Shopping The Arts Other Services

Mail with check payable to CABA, to **CABA | PO Box 7 | Chatham, NY 12037**