



# Membership Renewal Application

Membership remains a bargain at \$65 for the year and you will continue be included on the CABA website. Please email logo or photo to [webmaster@visitthamny.com](mailto: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**