



## Empire State Bed and Breakfast Association

### VENDOR MEMBERSHIP APPLICATION

Vendor Business Name: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Products/Services: \_\_\_\_\_  
\_\_\_\_\_

Please provide a 40-word description below for your listing in our brochure or email text to [esbba.news@gmail.com](mailto:esbba.news@gmail.com). Text over 40 words will be edited to fit the space requirements.

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### Membership Fee: \$200

Payment Methods:

Credit Card # \_\_\_\_\_ 3 digit code \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Master Card, Visa)

Check made out to **ESBBA**

**Mail to:** ESBBA  
Maxwell Creek Inn  
7563 Lake Rd., Sodus, NY 14551  
[esbba.news@gmail.com](mailto:esbba.news@gmail.com)  
315-483-2222

Signature \_\_\_\_\_ Date \_\_\_\_\_.