



2010 CAB MEMBERSHIP FORM

Business Name*: _____

Business Owner/s: _____

Mailing Address: _____

Email*: _____

Phone*: _____ Fax* _____

Description of your business*: _____

**If you check YES below, this information as well as the below will be placed onto the CAB Web site & the Cornish Brochure. Your membership includes one listing[†]. If you do not want a listing, do not check YES.*

_____ YES, put my business on the CAB Web site & include the following.

Business Category[†]: Lodging Service Shopping Dining (Select one or see below)

Other _____

Business Address: _____

Business Hours^{††}: _____

Business Web Address: _____

Additional Information: _____

Feel free to include up to 3 photos with your check or email digital photos to: Ron McKinney; ronmckinn@gmail.com ([†]If you would like more than one business category, an additional charge of \$20.00 applies) ^{††}Please state if your business is year round or seasonal

Please fill out the above form and return it with a check for \$60.00 made out to C.A.B.

and mail to: Cornish Association of Businesses

P.O. Box 573

Cornish, Maine 04020

The Cornish Association of Businesses thanks you for your support. Together we can and do have a positive impact on our community.