



# Membership Application

Please submit a photo of your establishment and property liability insurance information with this application. Applicants will be visited by a representative of the Long Tom Country Trail to help ensure a quality "Country Experience" for all our visitors.

Charter Member / Associate Member (assigned by Long Tom Trail representative )

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Owner Name(s) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

What business are you in? \_\_\_\_\_

How will you contribute to the Long Tom "Country Experience?"

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