

CKAA New Member Application

Date of Applica	ation: How did you	hear about CKAA:
Farm Name:		
Farm Description	on:	
-		
	applicable):	
•	11 /	
City:	State:	Zip Code:
		Fax:
Website:		
CKAA By-Law	ys, business licence and permits to o	ccuracy of the application, agreement with perate, and timely payment of dues.
Signature:		Date:
Region Listing CKAA's Mem Card Program,	on the State's Agritourism Website ber Directory/Map Guide, Quarterly Gift Certificate Program, Education	ww.centralkyfarmsarefun.com), Basic : www.kyfarmsarefun.com, Listing in Meetings, Newsletters, Tour Rewards h/Professional Development, Annual nt Offers, Friendships, and much more!
•	2 0	Agritourism Association, Inc." and send Bio to the following contact/address:
	Todd Allen, CKAA Presid Maple Hill Manor 2941 Perryville Rd./US 150 Springfield, KY 40069 859.336.3075 ph, 859.336.3 stay@maplehillmanor.com	076 fax
OR, you may ch	narge the total amount to your Vis	a, MasterCard, Discover, or American
Express: (\$3 sur	rcharge will apply to cover the cre	edit card company processing fee) Billing Zip:
Amount:	Expiration Date:	Signature: