



Kenora District Camp Owners Association

MEMBERSHIP APPLICATION

Date: ___/___/___

Name of Business: _____

Contact Name: _____

Summer Address: _____

Winter Address: _____

Summer Ph: () _____ - _____ Winter Ph: () _____ - _____

Fax: () _____ - _____ E-Mail: _____

Regular Membership (Resort/Accommodation Owners) please provide the following information:

Type of Accommodation or operation (please check appropriate boxes):

Drive In Boat-In Fishing Hunting Canoe Outfitting Outpost

AP HK Camping Trailer Park. Other: _____

Accommodation for how many regular guests? _____

Operating Season: From _____ To _____

Do you have a meeting facility? Yes No

Meeting capacity: _____ Food Service Bar: Yes No

Is this facility available for meetings in April Yes No

In October Yes No

How long in the business? _____

Allied Membership (Non Resort/Accommodation Owners) please provide the following information:

Type of Business: _____

Product or Service Provided: _____

How does the Tourism Industry Affect Your Business? _____

Please list issues that are of particular importance to your business that the association should become active in: _____

Please return this application along with your cheque in the amount of \$125.00 for a Regular or Allied membership to:

K.D.C.A., P.O. Box 545, Dryden, ONTARIO P8N 2Z2 Email: office@kdca.ca Web: www.kdca.ca