

■ EMAIL CONTACT GROUP (Initials/Date)

Amador Council of Tourism

Phone: 877-868-7262 | 209-267-9249

Visitor's Center: 460 Sutter Hill Road | Sutter Creek, CA 95685

On-line: VisitAmador.com

MEMBER INFORMATION				
Business Name				
Contact Name(s)				
Physical Address				
City		State	ZIP + 4	
Mailing Address (If different from above)				
City		State	ZIP + 4	
Business Telephone Number	Toll Free Number	r Business Fax Number		
Email Address	Website Address	Hours of Operation		
Description of Your Business (Limit to 255 characters or all LISTING CATEGORY: Dining Lode		☐ Attractions ☐ Winery	y 🗖 Other:	
MEMBERSHIP DUES				
■ Business Member (Primary Business)	\$ 150/yr.		<u> </u>	
☐ Member (Second Business)	\$ 112.50/yr. 75/yr.	NOTE: Your signature belo	ow authorizes the automatic lues annually on the date joined. claimed as a charitable contribution	
PAYMENT INFORMATION		ANNUAL DUI	ES AMOUNT: \$	
☐ Check No. ☐ Credit	Card (Please visit us onl	ine at www.visitamador.con	n/contact-us to complete payment)	
Print Name	Signature	e Application Date		
Please make checks payable to A	mador Council of Tour	ism. Membership renews an	nually on the date joined.	
OFFICE USE ONLY ACT MEMBERSHIP DATABASE (Initials/Date)		MAII CONTACT (Initials/Date)		

☐ CONTACT PAGE (Initials/Date)

REV 03/18