



Community of Minnesota Resorts

MEMBERSHIP APPLICATION

September 1, 2018 through August 31, 2019

(Please fill in form below completely)

Resort Name _____ Years in resorting _____

Owner and/or Manager Names _____

Address _____ City _____ State _____ Zip (9digit) _____
e.g. 56273-0358

Telephone numbers _____/_____/_____ _____/_____/_____

E-Mail _____ Website _____

Lake _____ Township _____ County _____

Our mission statement: "The Community of Minnesota Resorts exists to help family owned and operated resorts in Minnesota to continue as a viable segment of the Minnesota tourism industry."

Membership investment is \$20.00 per bedroom (minimum \$160.00 includes 8 bedrooms or less, maximum is \$1,040 which includes 52 bedrooms or more).

Number of rental units (buildings) _____ Number of bedrooms _____

Number of Camping Seasonal Sites: _____ Number of Camping Overnight Sites: _____

Dues: \$ _____ CMR Annual Dues (# bedrooms x \$20.00) (max \$1,040, minimum \$160)

+ \$ _____ Optional Campground Search Function on website (\$50 annually)
(go to www.minnesota-resorts.com to view this feature or contact us for more information)

\$ _____ Total Amount Due in enclosed check

Mail to: **CMR - Community of Minnesota Resorts**
PO Box 61
Dent, MN 56528
Attn: Membership Division

Questions?

CMR Office Manager, Jim Wherley
320-212-5107

CMR@Minnesota-Resorts.com

OPTIONAL: Which aspect(s) of CMR encouraged you to join (re-join)? (I.E. legislative lobbying efforts, conferences or classes, marketing, chatline, etc.) The more specific you can be, the more direction the Board of Directors will have to put energy/time/funds into what seems most important to many.

Use back of page if more space is required.