



## 2024 Annual Membership Application & Renewal Form

Today's Date: \_\_\_\_\_

1. Last Name, First Name (or Organization Name): \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. Email address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Chautauqua affiliated with: \_\_\_\_\_
5. I am an existing member \_\_\_ I am a new member \_\_\_ Introduced by: \_\_\_\_\_
6. Payment (\$10 individual or \$100 organization): \$\_\_\_\_\_

Make checks payable to:

Chautauqua Institution  
Chautauqua Trail Membership Dues in the memo

Mail completed form and check to:

Deb LeBarron  
c/o Chautauqua Institution  
PO Box 28  
Chautauqua, NY 14722