

NEWTON FALLS AREA COMMERCE ASSOCIATION

P.O. Box 319
Newton Falls, Ohio 44444

www.nfaca.net

Membership

Name of Business: _____
Street Address: _____
Mailing address (if different): _____
City: _____ State: _____ Zip: _____
Telephone No: _____ - _____ - _____ Fax: _____ - _____ - _____
Email Address: _____
Web Address: _____
Name of Representative & Title: _____
Nature of Business or Organization: _____

Fee Schedule

Membership within 20 mile geographic area –voting member - \$50.00
Private Organization- voting member - \$25.00
Associate members (outside geographic area) –voting member - \$250.00
Individual Members – nonvoting - \$25.00
Public Funded Member – voting member – No charge

*Any member joining after October 31 shall pay ½ the membership rate for the remainder of that membership year.

Signature & Title: _____

Make checks payable to: Newton Falls Area Commerce Association.

Send renewal form and check to:

Newton Falls Area Commerce Association, P.O. Box 319, Newton Falls, Ohio 44444

*To maintain your membership in good standing and to continue receiving Commerce Association information.

Memberships should be renewed by April 30.

After June 1 there will be a \$10.00 reinstatement fee charged.

Primary communication is thru email. Please be sure to provide this information.

Date received: _____ Date approved: _____

Amount paid: _____ Check #: _____