

NORTHERN OCEAN SMALL BUSINESS ASSOCIATION

Membership Application

Name: _____ Date: _____

Company: _____

Address: _____

Tel#: _____ Fax #: _____

Your position in your company: _____

Names of Partners/Co-Owners or other persons who have purchasing authority within your company and who may represent you at meetings of N.O.S.B.A.

Please list ALL the products or services which your company offers and indicate the relative importance of each:

I, _____ of _____
hereby apply to the Northern Ocean Small Business Association for membership privileges.
I agree to the following terms and conditions:

1. I agree to be present at least four (4) out of six (6) meetings in a six (6) month period. The meetings are held the second Tuesday of each month.
2. I agree to pay dues on a timely basis payable the first week of each six (6) month period.
3. I agree to only fulfill one (1) category unless approved for additional. For each category to be filled, a complete membership fee must be paid in full.
4. Enclosed is my first membership payment along with application. If my application is not accepted, I realize my check will be returned.

Signature