



Membership Form

Name _____

Address: _____

Phone: _____

E-Mail: _____

Membership Type:

___ Individual (\$20)

___ Family (\$30) up to 4 members

___ Band / Corporation (\$25)

Date: _____

I'd be interested in helping with:

Art work

Web Site

Merchandising

Publicity/Promotion

Marketing

Event Set up

Fund Raising

Membership

Please complete the form and send along with your membership donation to:

NEOBA

12315 Springwater Ave.

Uniontown, Oh 44685