

Membership Enrollment Form

P.O. Box 5193 | I-95 Southbound, Exit 90 | Salisbury, MA 01952 Phone: 978-465-6555 northofboston.org

Call or Email <u>Rebecca@northofboston.org</u> and <u>Holly@northofboston.org</u> for membership questions and pricing.

Category: _____ Annual Fee: \$ _____

Rusiness Name:	BUSINESS I			
	City:		State:	Zip:
	Email:			
	MAIN CONT	ACT		
Name:	Ti	itle:		
Address:	City:	City:		Zip:
Telephone:	Email:			
	BILLING CON	ITACT		
Name:	Ti	itle:		
Address:	City:		State:	Zip:
Telephone:	Email:			
	ADDITIONAL CO	ONTACTS		
Name:	Title:	Email:		
Name:	Title:	Email:		
Name:	Title:	Email:		
Name:	Title:	Email:		
	MEMBERSHIP P	AYMENT		
Membership Annual Fee: \$ Additional Marketing Investments: \$ TOTAL: \$				
Payment Method:	Check payable to North of Boston CVB	Credit Card (V	ïsa, Mastercard	I, Amex)
Card #:		E>	φ:	
Billing Address:			CVV:	
Authorized signature:			ate:	