

Northeast Nelson Community Development
Association
Membership Application

Name of Business Or Organization _____

Location _____

Owner/Contact _____

Phone _____ E-mail _____

Web Address _____

Dues of \$100.00 Paid by check. _____

Category. Indicate one.

(Church) (Civic) (For-Profit) (Non-profit) (Agricultural) (Governmental)

Please mail dues to: NNCDA
Attn: Regina McCauley
PO Box 99
Bloomfield, KY 40008

Signature _____

Date _____

Received By _____

Date _____