

NC Weds Membership Application

Name of Business: _____

Type of Business: _____

Owner: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

I would like to be on the NC Weds email list. I will be notified of upcoming bi-monthly meetings and group information

I would also like to be included in the NC Weds website a the 12 month membership cost of \$50.00

Please remove me from your mailing list

Make checks payable to: NCWEDS

Send your completed application and check to:

NC Weds
P.O. Box 1884
Nevada City, CA 95959