| NCC MEMBERSHIP APPLICATION            |                          |                         |                      |                             |  |  |  |
|---------------------------------------|--------------------------|-------------------------|----------------------|-----------------------------|--|--|--|
|                                       | AF                       | PLICANT INFORMAT        | ION                  |                             |  |  |  |
| New Applicant                         | cant Updated Information |                         | Renew/Rea            | Renew/Reactivate Membership |  |  |  |
| Organization Name:                    |                          |                         |                      |                             |  |  |  |
| Charter Date:                         |                          | ter #:                  | # of Housel          | nolds Represented:          |  |  |  |
| Indicate The Type Of Organization:    | (Y or N below)           |                         |                      |                             |  |  |  |
| Civic Association                     | Com                      | ments:                  |                      |                             |  |  |  |
| Home Owners Association               | Comr                     | ments:                  |                      |                             |  |  |  |
| Condo Association                     | Comr                     | ments:                  |                      |                             |  |  |  |
| Community Organization                | Comr                     | ments:                  |                      |                             |  |  |  |
| Other:                                | Comr                     | ments:                  |                      |                             |  |  |  |
| Address Line 1:                       |                          |                         |                      |                             |  |  |  |
| Address Line 2:                       |                          |                         |                      |                             |  |  |  |
| City:                                 |                          | State:                  |                      | ZIP Code:                   |  |  |  |
| Phone #:                              | Website:                 |                         |                      |                             |  |  |  |
| Fax #:                                | E-mail:                  |                         |                      |                             |  |  |  |
| Officer Election Held On Day/Month    | :                        |                         |                      |                             |  |  |  |
| General Meeting Held On Day/Mon       | th:                      |                         |                      |                             |  |  |  |
| Trustee Meeting Held On Day/Mont      | h:                       |                         |                      |                             |  |  |  |
| Board Meeting Held On Day/Month       | :                        |                         |                      |                             |  |  |  |
|                                       | NI                       | EWSLETTER INFORMA       | ΓΙΟΝ                 | 1                           |  |  |  |
| Do You Publish A Newsletter?          | Frequ                    | uency Published:        |                      | Copy Deadline Date:         |  |  |  |
| Editor Name:                          |                          |                         |                      |                             |  |  |  |
| Address:                              |                          |                         |                      | r                           |  |  |  |
| City:                                 |                          | State:                  |                      | ZIP Code:                   |  |  |  |
| E-mail:                               |                          |                         | •                    |                             |  |  |  |
| Phone #:                              | Cell #:                  |                         | Fax #:               |                             |  |  |  |
| Comments:                             |                          |                         |                      |                             |  |  |  |
|                                       | DESCRIPTION OF           | AREA COVERED (PHYS      | ICAL BOUNDARIES)     |                             |  |  |  |
|                                       |                          |                         |                      |                             |  |  |  |
|                                       |                          |                         |                      |                             |  |  |  |
|                                       |                          | ANY OTHER COMMEN        | TS                   |                             |  |  |  |
|                                       |                          |                         |                      |                             |  |  |  |
|                                       |                          |                         |                      |                             |  |  |  |
|                                       |                          |                         |                      |                             |  |  |  |
|                                       |                          |                         |                      |                             |  |  |  |
| I verify that the information provide | d on this form is a      | SIGNATURE               | rganization:         |                             |  |  |  |
| Please Print Your Name Here:          |                          | onect regarding our of  | Title:               |                             |  |  |  |
| Signature Of Applicant:               |                          |                         | riue.                | Date:                       |  |  |  |
|                                       | , please remembe         | er to include your orga | nizational Bylaws ar |                             |  |  |  |

|  | IMPORTANT CONTACT INFORMATION |             |                                     |         |           |          |
|--|-------------------------------|-------------|-------------------------------------|---------|-----------|----------|
| President:                                     |                               | Address:    |                                     |         |           |          |
| City:  |                               | <u> </u>    | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             |                                     |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
| Vice President:                                |                               | Address:    |                                     |         |           |          |
| City:  |                               |             | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             |                                     |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
| Secretary:                                     |                               | Address:    |                                     |         |           |          |
| City:  |                               |             | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             |                                     |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
| Treasurer:                                     |                               | Address:    |                                     |         |           |          |
| City:  |                               |             | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             | <u> </u>                            |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
|  |                               | Address:    |                                     |         |           |          |
| City:  |                               |             | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             | ·                                   |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
|  |                               | Address:    |                                     |         |           |          |
| City:  |                               |             | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             |                                     |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
|  |                               | Address:    |                                     |         |           |          |
| City:  |                               |             | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             |                                     |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
|  |                               | Address:    |                                     |         |           |          |
| City:  |                               |             | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             | ·                                   |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
|  |                               | Address:    |                                     |         |           |          |
| City:  |                               |             | State:                              |         | Zip Code: |          |
| E-mail:  |                               |             |                                     |         |           |          |
| Phone #:                                       | Cell #:                       |             |                                     | Fax #:  |           |          |
|  |                               |             |                                     |         |           |          |
| Please send your completed form to the NCC via |                               | the NCC via | Annual NCC Membership Fee Schedule: |         |           |          |
| regular mail or e-mail:                        |                               |             | 1 - 200 househ                      | nolds   |           | \$60.00  |
| Northland Community Council (NC                |                               | (NCC)       | 201 - 500 hous                      | seholds |           | \$75.00  |
|  | ox 297836                     |             | 501 - 1,000 ho                      |         |           | \$90.00  |
| Columbus, OH 43229                             |                               |             | Over 1,000 households               |         |           | \$110.00 |
| info@columbusncc.org                           |                               |             | Plus Banquet Assessment             |         |           | \$60.00  |

| Please send your completed form to the NCC via | Annual NCC Membership Fee Schedule: |      |  |
|--|-------------------------------------|------|--|
| regular mail or e-mail:                        | 1 - 200 households \$60             | 0.00 |  |
| Northland Community Council (NCC)              | 201 - 500 households \$75           | 5.00 |  |
| P.O. Box 297836                                | 501 - 1,000 households \$90         | 0.00 |  |
| Columbus, OH 43229                             | Over 1,000 households \$110         | 0.00 |  |
| info@columbusncc.org                           | Plus Banquet Assessment \$60        | 0.00 |  |