| NCC MEMBERSHIP APPLICATION | | | | | | | |
|------------------------------------|----------------|---------------------------------------|------------|---------------------|--|--|--|
| | | APPLICANT INFORMATION | | | | | |
| New Applicant | Updated In | formation | Renew/Re | activate Membership | | | |
| Organization Name: | | | | | | | |
| Charter Date: | | Charter #: | # of House | holds Represented: | | | |
| Indicate The Type Of Organization: | (Y or N belo | ow) | | | | | |
| Civic Association | | Comments: | | | | | |
| Home Owners Association | | Comments: | | | | | |
| Condo Association | | Comments: | | | | | |
| Community Organization | | Comments: | | | | | |
| Other: | | Comments: | | | | | |
| Address Line 1: | | | | | | | |
| Address Line 2: | | | | | | | |
| City: | | State: | | ZIP Code: | | | |
| Phone #: | Website: | • | | | | | |
| Fax #: | E-mail: | | | | | | |
| Officer Election Held On Day/Month | ւ: | | | | | | |
| General Meeting Held On Day/Mon | th: | | | | | | |
| Trustee Meeting Held On Day/Mont | th: | | | | | | |
| Board Meeting Held On Day/Month | : | | | | | | |
| | | NEWSLETTER INFORMATION | | | | | |
| Do You Publish A Newsletter? | | Frequency Published: | | Copy Deadline Date: | | | |
| Editor Name: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | ZIP Code: | | | |
| E-mail: | | | | | | | |
| Phone #: | Cell #: | | Fax #: | | | | |
| Comments: | | | | | | | |
| | DESCRIPTION | ON OF AREA COVERED (PHYSICAL BO | OUNDARIES) | | | | |
| | | | | | | | |
| | | | | | | | |
| ANY OTHER COMMENTS | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SIGNATURE | | | | | | | |
| | ed on this for | rm is correct regarding our organizat | I | | | | |
| Please Print Your Name Here: | | | Title: | 1_ | | | |
| Signature Of Applicant: | | | | Date: | | | |

| | | IMPORTANT CONTACT INFORMATION | | | |
|-----------------|---------|-------------------------------|--------|--------|-----------|
| President: | | Address: | | | |
| City: | | | 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: | | | • | | |
| 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 regular mail or e-mail:

Northland Community Council (NCC)
P.O. Box 297836
Columbus, OH 43229

info@columbusncc.org

| Annual NCC Membership Fee Schedule: | | | | | |
|-------------------------------------|----------|--|--|--|--|
| 1 - 200 households | \$60.00 | | | | |
| 201 - 500 households | \$75.00 | | | | |
| 501 - 1,000 households | \$90.00 | | | | |
| Over 1,000 households | \$110.00 | | | | |
| Plus Banquet Assessment | \$75.00 | | | | |