

# NCC MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

New Applicant

Updated Information

Renew/Reactivate Membership

### Organization Name:

Charter Date:

Charter #:

# of Households Represented:

Indicate The Type Of Organization:

Civic Association      Comments:

Home Owners Association      Comments:

Condo Association      Comments:

City 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:

General Meeting Held On Day/Month:

Trustee Meeting Held On Day/Month:

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 OF AREA COVERED (PHYSICAL BOUNDARIES)

## ANY OTHER COMMENTS

## SIGNATURE

I verify that the information provided on this form is correct regarding our organization:

Please Print Your Name Here:

Title:

Signature Of Applicant:

Date:

**For new applicants, please remember to include your organizational Bylaws and/or Constitution**

**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 #:

**NCC Representative:**

Address:

City:	State:	ZIP Code:
E-mail:		
Phone #:	Cell #:	Fax #:

**NCC Alternative Rep.**

Address:

City:	State:	ZIP Code:
E-mail:		
Phone #:	Cell #:	Fax #:

**NCC Development Rep.**

Address:

City:	State:	ZIP Code:
E-mail:		
Phone #:	Cell #:	Fax #:

**NCC Alternative Development Rep.**

Address:

City:	State:	ZIP Code:
E-mail:		
Phone #:	Cell #:	Fax #:

**Webmaster:**

Address:

City:	State:	ZIP Code:
E-mail:		
Phone #:	Cell #:	Fax #:

**Other Contact:**

Address:

City:	State:	ZIP Code:
E-mail:		
Phone #:	Cell #:	Fax #:

**Other Contact:**

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  
[NCCPresident@aol.com](mailto:NCCPresident@aol.com)**

**Annual NCC Membership Fee Schedule:**

1 - 200 households .....	\$45.00
201 - 500 households .....	\$60.00
501 - 1,000 households .....	\$70.00
Over 1,000 households .....	\$80.00