



MEMBERSHIP ENROLLMENT FORM

I am enrolling as a member of The Northshore Collaborative organization. I understand that dues are \$60 per year, per individual, business or organization of any size, and that memberships are valid for 12 months following enrollment.

Membership benefits include:

- Admission for one representative/individual to monthly meetings, designed to serve the special needs of small businesses, community organizations and non-profits.
(Additional representatives or guests \$5 per person per meeting or event.)
- Opportunity to host monthly meeting at no charge (available on a first come, first served basis)
- Opportunity to share your business or organization's marketing collateral and promotional information at meetings (via the members' collateral table)
- Member listing in The Northshore Collaborative online membership directory
- Social media spotlight as part of our #IAmSmallBusiness, #WeAreNonProfit and #WeAreCommunity campaigns. (Please complete appropriate form with required information.)

PLEASE TYPE OR PRINT LEGIBLY. IF COMPLETING PDF, MUST SAVE TO HARD DRIVE BEFORE SENDING.

Date: _____ Business Non-profit Community Organization Individual

Member name to be listed in directory: _____

Business category or organization description (if applicable) _____

Contact Name: _____

Address: _____

Phone #: _____ Fax #: (if applicable) _____

E-mail: _____ Facebook: _____

Website: (if applicable) _____

Member directory listing preference: List all information Do not list in directory

List only checked items: Member name Address Phone Email Fax Website

Are you interested in hosting a future meeting? (No charge to members) Yes No Maybe
(A "Yes" response does not require a commitment until a meeting is arranged/confirmed with you.)

PLEASE INDICATE PAYMENT PREFERENCE:

My credit card payment for annual dues has been submitted via the website, www.NSCollaborative.com.

Please bill my credit card # _____ Exp. ____ / ____ Security code _____

Name on credit card _____ *Please do not email credit card information.*

My check for annual membership dues (\$60) payable to The Northshore Collaborative is enclosed.
Mail to P O Box 43, Slidell, LA 70459.