

MEMBER APPLICATION

Organization Name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Mailing Address (if different from above) _____

Phone _____ **Fax** _____

Website _____

Individual representing organization:

Name _____ **Title** _____

Direct Phone _____ **Email** _____

Description of Your Organization

To become a member, please send the following materials

- Completed application
- Completed dues and profile page
- By-Laws*
- Annual Report (or most recent financial statement)*
- List of key staff and board members (see additional form)

*Required information for membership eligibility

Return application materials to:

Member Services
National Cooperative Business Association
1401 New York Avenue, NW, Suite 1100
Washington, DC 20005-2160

Or fax to: (202) 638-1374

1401 New York Ave, Suite 1100
Washington D.C. 20005
Phone: 202-638-6222
Fax: 202-638-1374

NCBA
National Cooperative Business Association ■ www.ncba.coop

