



MEMBERSHIP FORM
for January 2012 - January 2013
Annual Dues: \$135.00

Please mail this form with a check payable to NECPA, or mail or fax credit card information to:

NECPA c/o The Chester Company
Post Office Box 660
Chester, CT 06412-0660

NECPA Administrator: Peg Reyer Tel: 860-526-9903 Fax: 860-526-9904 Email: Peg@TheChesterCompany.com

*Please complete this form carefully.
Some of this information will be posted on the NECPA website.*

Company_Name _____
Address _____
Address2 _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Website _____

Contact: First Name _____ Contact: Last Name _____
Title _____ Email _____

Company Affiliations IFAI MFA PAMA Other (specify) _____

If you sell to the trade, check Manufacturer and/or Distributor. If you sell to the public, check Fabricator and/or Retailer. If you offer a specialty service, give a brief description.

CompanyType Manufacturer Distributor Fabricator Retailer Service

Specify Specialty Service: _____

CHECK ALL THAT APPLY

- | | | | |
|--|--|------------------------------------|---|
| <input type="checkbox"/> Artwork | <input type="checkbox"/> Canopies | <input type="checkbox"/> Sails | <input type="checkbox"/> Vehicle Covers |
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Cushions | <input type="checkbox"/> Signs | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bags | <input type="checkbox"/> Marine Covers | <input type="checkbox"/> Tents | |
| <input type="checkbox"/> Banners & Flags | <input type="checkbox"/> Pool Covers | <input type="checkbox"/> Umbrellas | |

Specify Other Products: _____

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ CVV #: _____