



MEMBERSHIP FORM

for July 2010 - June 2011

Annual Dues: \$125.00

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

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

Please complete this form carefully.
An extract of this information will be posted on the NECPA website.
Questions or suggestions? Call Peg Reyer 860-526-9903

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 # _____
 Billing Address _____ Expiration Date _____
 City _____ State _____ Zip _____ CVV # _____