



Associate Membership Form

Complete, return and include dues of \$75.00

Please Print or Type All Information

Previous City Affiliation: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: () _____

Fax Number: () _____

E-Mail Address: _____

- Associate membership dues pay for annual registration.
- Associate members attend forums of NOCCA each year at no charge.
- All guests pay fees according to event.
- Members receive meeting notices, newsletters, and directory.
- Members are eligible for education scholarship dollars.

Make check for \$75.00 Payable to: Northeast Ohio City Council Association, Inc. (NOCCA)

Return to: P.O. Box 34044
Parma, Ohio 44134

www.noccassoc.org