New Holland Business Association
Membership Application

Business Name: _____

Contact: _____

Business Address:

Street: _____

Town: _____ State: _____ Zip: _____

Mailing Address: (If different from business address)

Street: _____

Town: _____ State: _____ Zip: _____

Phone number: _____

Fax Number: _____

Email: _____

Web address: _____

How would you like your minutes delivered? (Please check one) ___ Email ____Fax

Please note any topics or concerns that you would like to see addressed by the group:

_____ My dues check for $100 is enclosed. _____Please bill me.

Please mail to: New Holland Business Association
PO Box 122
New Holland, PA 17557