



BUSINESS ASSOCIATION

MEMBERSHIP APPLICATION



Business Name _____	Contact Name _____
Type of Business _____ _____	Hours of Operation M _____ T _____ W _____ TR _____ F _____ SS _____
Address #/Street _____ _____ _____	Website _____
City, State, Zip _____	Email Address _____ _____
	Daytime phone# _____
	Evening phone# _____

Are you a Northside resident?

Yes

No

Type of Membership?

Individual/Resident \$12/yr

Business (<5 employees) \$25/yr

Business (>5 employees) \$50/yr

Signature _____

Date/Day _____ Month _____ Year _____

Enclose check made out to **Northside Business Association**

Mail to:

Northside Business Association
c/o North Side Bank & Trust
4125 Hamilton Avenue
Cincinnati OH 45223

www.northside.net/nba