

1834 Centre Street P.O. Box 320166 West Roxbury, MA. 02132 Phone: (855) 638-7248 email: katie@netsa.org

Date

2024 Membership Application

Primary Membership: \$ 295 Additional Locations: \$ 75 each 10 or more locations is \$ 970

Company Information (Primary)				
*Business Name:				
*Street Address:				
*City/Town:	*	ST:	*Zip:	
*Contact Person:			Title:	
*Business Telephone #				
*Email Address:				
*Website:				
			Must be filled in cor	mpletely.
Are you applying as:				
An Independently owned bus If yes (Please check all that apply)	iness selling tires and/or Retail _	mechanical se Wholes	ervice: sale	Commercial
Supplier Member: Please des	scribe what products/serv	vices you provi	de:	
	·	•		
Other: (Describe)				
Total Number of Locations applying: (Please supply information for additional locations on a separate sheet.) Additional locations:		Primary Location: \$295.00 x \$75.00 each location = \$		
			Total Dues:	= \$
Check Enclosed				
Please Bill Us				
Credit Card#:		Exp Date:	Code:	
Member Pledge: "As a NETSA Member, I pledge to abid	de by its bylaws and to cond	duct my busines	s in a fair and repu	ıtable way."

Signature