

BUSINESS.membership

application form

Submit this form with full payment in the enclosed envelope to the North Fork Ambulance Association to begin your NFAA membership! *Please print legibly.*

NFAA Business Membership - \$ 75 / year

Business Name

Physical Address of Business

Business Mailing Address (if different)

City

State

Zip

Business Phone Number

Date

Add a Business Owner Household Membership
\$50 / year – Save \$10 over purchasing separately!

Last Name

First Name

Physical Address of Residence

City

State

Zip

Daytime Phone (Home or Cell)

Please list the **full** legal names of people who permanently reside in the above household.

Add ___ Employee Household Memberships

Please complete a separate Household Membership form for each employee household purchased. They are available online at www.northforkambulance.com