NEISMA 18-19 Membership Registration

September 1, 2018 – August 31, 2019



Renewal Memberships: Just fill in rink/vendor, contact and any other profile changes. **New Membership:** Fill out entire form.

RINK, VENDOR or Fr	riend:																	(/	Acc	our	it na	me)			
RINK or VENDOR Primary Contact: Last First																									
ADDRESS:																									
CITY:										STATE:					ZIP:										
TELEPHONE: ()				_ E	XT:	:	_ (CELL	: (_) _										_			
FAX: ()		Web	site:																						
Email Address:																									
Someone else in our org	anizat	ion tha	t you	woul	d like	to r	eceive `	NEI	SMA	ema	il r	oti	ces:		•			•	1				ı		
Last				First							_														
Email Address:																									
What category best describes your of PUBLIC / NON-PROFIT RINK PRIVATE / FOR-PROFIT RINK					ITY	TY RINK VEN					NDOR HER:														
About Your Facility Year Built: Surface 1 - Months p What key issues and Yearly Membersh Mail Registration & Email Registration for Phone Registrations EASIEST WAY! R	er Yeatopics ip fecheck orm (Fin & commay be	ar in C s woul e (\$ 15 or cre PDF) & redit c be take	Dperad you of the second of th	aymeard idit cannot the transfer to the transf	ent opent opnfo to ard in o 1-8 ded care	(SM) otion o: <u>N</u> ofo t 88-2	IA to fins by: NEISN TO jzul 234-39 1-888-	1A.10@	2 - Mus on' , PO neis: 1-396	Iontl? Box ma.c	hs : 29	905 n	95	, V	Ve	th	ıer	sfi	iel	d,	C'	Γ			
Credit card MC / V Expires / 20 Billing address:	Year		Dig	it V-	-Code	·					C	C Z	Zip	Co	ode	e _									
Name on card:						S	Signatı	ıre:																_	

*If billing invoice needed please call 1-888-234-3968 or email request to email@neisma.com *