



NERCA New Member Application

Primary Company Contact _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail _____ Website _____

Membership type: _____ Contractor - **\$625.00 PER YEAR**

_____ Associate (check the appropriate annual revenue status to determine membership costs):

- \$0.00 - \$5MIL = **\$780.00 PER YEAR**
- \$5MIL - \$20MIL = **\$1,560.00 PER YEAR**
- \$20+MIL = **\$5,000.00 PER YEAR**

Sponsors: Please let us know if someone was instrumental in your decision to join NERCA.
We would like to thank them!

Sponsor Name

Sponsor Company

1. _____

METHOD OF PAYMENT

Payment Method: ___ Check ___ Cash ___ Amex ___ Master Card ___ Visa ___ Discover

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____ Signature: _____

Mailing Address of credit card statement: _____

**Register online at www.nerca.org or return this form, with payment, by email to kaceto@nerca.org or to the address listed below!
We thank you for your interest in NERCA!**

100 Grossman Drive
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Braintree, Ma. 02184
781/849-0555