

**New Carlisle Business & Community Association
2025 Membership Application**

Name of Business: _____

Address of Business: _____

Mailing Address (if different): _____

Contact Person: _____

Phone: _____

E-mail Address: _____

Website Address: _____

Please provide a short description of your business to be included in the directory:

What is the largest problem/concern is your business facing presently:

What programs would you like to see at our meetings:

Please read and sign:

NCBCA will update their website (www.NCBCA.net) with member information as well as posting our bylaws. Meeting notices are provided via Facebook and email unless you specify otherwise.

I, the undersigned, **(Circle one)** DO DO NOT give permission for the information listed above to be posted on the NCBCA website and in our membership directory.

Signed _____ Date _____

Please return with check payable to: NCBCA (\$45/community member, \$60/Business) by Jan 1st.

Mail: NCBCA, PO Box 734, New Carlisle, IN 46552

Or drop off at the 1st Source Bank, c/o Mindie Colanese

Membership Inquiries: Joyce Forbes 574/309-7695