

**NORTH OLMSTED COMMUNITY COUNCIL
MEMBER ORGANIZATION
APPLICATION**

The North Olmsted Community Council, Inc. (NOCC) welcomes applications from new member organizations and requests the following information to review eligibility:

1. Name of Organization _____
2. Address _____
3. Phone _____
4. Email _____
5. President or Chairperson _____
6. Other Representative or contact _____
7. Statement of Org's purpose and mission _____

8. Statement of Org's reason or desire to join NOCC _____
9. Description of Org's residency status _____
10. Identification of delegate to NOCC _____
- 11, Description of interest in and ideas for NOCC _____

12. Membership dues of \$20.00 ____ enclosed ____ to be invoiced

Submit this membership application together with any other sheets deemed necessary to supplement. Completed applications should be mailed to:

**NORTH OLMSTED COMMUNITY COUNCIL
MEMBERSHIP APPLICATION
POST OFFICE BOX 135
NORTH OLMSTED, OHIO 44070**

Submitted by: _____
(Name) (Date)