



2017 NEOTRA MEMBERSHIP APPLICATION

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF MEMBERSHIP: _____ SPOUSE: _____ AGE: _____

CHILDREN UNDER 18: _____
(Name and age)

EMAIL ADDRESS FOR NEWSLETTER: _____

DATE: _____ AMOUNT ENCLOSED: _____ make checks payable to NEOTRA
Mail to: Kim Neff, Treasurer
4215 Beechwood Ave
Alliance, OH 44601

NEOTRA Basic (no insurance)

SINGLE\$15.00

FAMILY\$23.00

SENIOR SINGLE\$10.00

SENIOR FAMILY\$18.00

NEOTRA Gold (with insurance)

SINGLE\$35.00

FAMILY\$63.00

SENIOR SINGLE\$30.00

SENIOR FAMILY\$58.00

Signature: _____

Membership is from January 1st to December 31st