

PLEASE PRINT CLEARLY

NEWMS P.O. Box 442 Belden, MS 38826

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Business Membership Form

Date:	OFFICE USE: Renewal Month:		
Company Name:			
Contact Name:	P	hone:(work)
E-mail:	Phone:		(cell)
Company Address:		City:	
	ress:		
Who asked you to join NEWMS:		·····	
Would you like to sign up on our \	/olunteer list, so you will know abo	ut opportunities? YES NO)
Paid By (Check One): Check	CK #: Card/On-	line	
When online: Ensure in Special and you send application in via Checks: Payable to CREATE For Please mark your membership le	Instructions you reference YOUF email at: info.newms@gmail.co.undation, Inc. and reference NEV	R LEVEL OF MEMBERSHIP om VMS membership and inclu or "Circle Heading"	ude form
Business \$50 • Your business contact name	Business Plus \$120Your business contact name	Business Premium \$Your business contact n	
 and company name will be listed on our website with a clickable link to your Website and a Facebook link You will be included in our email network. You will be able to send an unlimited number of free job opportunity ads through our email network. Additional ads are \$10 each. 	 and company logo will be listed on our website with a clickable link to your Website and a Facebook link. You will be included in our email network. You will be able to send an unlimited number of free job opportunity ads through our email network, and six (6) free other ads. Additional ads are \$10 each. 	and logo will be listed of website with a clickable your website and a Face link. You will be included in of email network. You will be able to send unlimited number of free opportunity ads through email network, and twelve free other ads. Additional are \$10 each. Your business logo will be included in our monthly newsletter emails.	n our link to ebook our an e job our ve (12)
	I On: Fairy Godmother - \$70 or mathematic ship funds will be utilized as follows: \$10 to		Fairy
Godmother fund	olved more in the Fairy Godmoth	ŕ	ally
	ribution to Endowment Fund of Sidowment Fund ensure that the work of Ni		ne