



MEMBERSHIP REGISTRATION FORM

Please return this form, two business cards and your payment to: Jill Drummond, north berkshire IDEA, 239 Wells Avenue, North Adams, MA 01247. Checks to be made payable to north berkshire IDEA.

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(Please Print)

Date: _____

Name: _____

Business Name: _____

Address 1: _____

Address 2: _____

Phone(s): _____
Business *Cell* *Home*

Email: _____

Web Address: www._____

Payment Method: **Check** **Cash** (Please Circle)

Upon receipt of your registration you will be contacted by a member of the IDEA Steering Committee to personally welcome you and answer any questions that you might have. For more general information please visit the IDEA website at: www.northberkshireidea.com . Thank you.

Please provide your Business Description to include on IDEA website: