

BECOME PART OF THE SOLUTION – JOIN NWCEF

Contact Name: _____

Company Name: _____

Postal Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email Address: _____

Type of Business: _____

Number of Employees: _____

1 – 10 Employees - \$90

11 – 25 Employees - \$175

26 – 50 Employees - \$290

51 – 250 Employees - \$575

More than 250 Employees - \$1,150

Make checks payable to NWCEF and mail with this completed form to:

NWCEF

Attn: Bob Hallstrom

P.O. Box 186

Syracuse, NE 68446