

Membership Form

Name (First/Last) _____

Home Address _____

Business Name _____

Business Address _____

Personal Phone Number _____

Business Phone Number _____

Email Address _____

Would you like to receive promotional emails about NEPGP events?
YES NO

Would you like to be listed in our member directory? YES NO

Are you on Facebook? YES NO

Would you like to be added to our "Members Only" Facebook group? YES
NO

Please list if your name appears differently on Facebook

Are you: Business Owner Employee Independent Contractor

Do you have: Mobile Salon Home Based Salon In-Home Groomer
Store Front Other: _____

Have you been a NEPGP member in the past? YES NO

Dues Paid (\$45) (Circle One) CASH CREDIT CARD CHECK

Date Paid _____ (Please make checks out to NEPGP)