



FOUNDATION MEMBERSHIP APPLICATION

Foundation: _____

Name of Primary Contact: _____ Title: _____

Mailing Address: _____

City/State/Zip Code _____

Email Address: _____ Website Address: _____

Telephone: _____ Fax: _____

Membership Type & Payment Information:

Foundation Membership \$2,500

Payment:

Check enclosed (Payable to "Build Up Inc.")

Credit card—choose one:

Mastercard

Visa

Discover

American Express

Account # _____ Exp. _____

Print name as it appears on your card: _____

Signature as it appears on your card: _____

Send membership form electronically to: lori.jane@nncg.org

Or mail with check to:

Build Up Inc.
5 Commerce Rd. Unit 3051
Newtown, CT 06470

Please put NNCG in the memo line.