

SNEFA Membership Application Form

Dues are \$50.00/year beginning the 1st of September

Name: _____

Business Name: _____

Address: _____

City: _____

State: _____

Zipcode: _____

Country: _____

Business Phone: _____ **Home Phone:** _____

Fax: _____ **E-Mail Address:** _____

Send SNEFA membership dues to:

**Dave Atkinson
2741 North Main Street
Lancaster, MA. 01253**

