Northern Ohio Business Brokers Association (NOBBA)



Affiliate Membership Application

Name & Title:				
Company Name:				
Address:				
Phone:				
Cell:		Email:		
Company is: Franchised	Independent	Chain Unit		
Are you a licensed Real Est				
Areas of practice & specialt	ies:			_
We have office locations in	the following cities:			_ _ _
Industry Focus, Experienc	e or Specialty			_
Active Professional Memb	erships			
We are interested in a corporate to our NOBBA mem		discounted rate. Plea	ase add the following	
Name	Title	Direct Phone	Email	7
				7
Member Dues:				
Affiliate Primary membershi	in *	\$150.00 annual		
Additional Memberships wit	•	•		
*\$25.00 discount for Primar		•	ss Brokers Association ((∩RRA`
Are you interested in spons	oring the association Y	es No	<u></u>	

Mail to: Northern Ohio Business Brokers Association, c/o Bill White, Jr., 56 Milford Dr., Suite 203, Hudson, OH 44236 or email to b.whitejr@murphybusiness.com