



Northern Worcester County
Landlord Association

PARTNERSHIP REGISTRATION FORM

Connect your business with Northern Worcester County landlords,
property owners, and real estate professionals while supporting
the Association's educational mission.



PLEASE RETURN THIS COMPLETED FORM TO: NWCLA | PO BOX 276 | FITCHBURG, MA 01420

Email: partners@nwcla.com



BUSINESS INFORMATION

Business Name: _____

Cell Phone: _____

Business Type: _____

Office Phone: _____

Owner/Primary Contact: _____

Email: _____

Business Address: _____

Website: _____

Social Media: _____



PARTNERSHIP LEVELS – Choose Your Level

PARTNERSHIP BENEFITS	BRONZE \$100 per year ☐	SILVER \$300 per year ☐	GOLD \$600 per year ☐	PLATINUM \$800 per year ☐
Business online banner ad on NWCLA.com Partners page	✓	✓	✓	✓
Business information displayed at in-person NWCLA meetings	✓	✓	✓	✓
Banner ad in monthly meeting slideshow		✓	✓	✓
Invitation to join the NWCLA Members Facebook Group		✓	✓	✓
Recognition and introduction at monthly NWCLA meetings when in attendance		✓	✓	✓
Personal invitation to each monthly NWCLA meeting		✓	✓	✓
Recognition during monthly NWCLA meetings			✓	✓
One 5-minute speaking moment at a monthly NWCLA meeting during membership year			✓	
Once-a-month recognition on NWCLA Facebook page				✓
One 15-minute presentation at a monthly NWCLA meeting each membership year				★
NWCLA Standard Membership Included*		2 Members	2 Members + 1 Guest per Meeting** Guest Passes – Up to a \$200 Value	2 Members + 2 Guests per Meeting** Guest Passes – Up to a \$400 Value

* NWCLA Standard Membership includes two members. See NWCLA.com/join for all membership benefits included.

** Guests must sign in at meetings. Guests are allowed one complimentary visit when attending with a Partner Member.

✓ Included | ★ Premium Benefit



PAYMENT INFORMATION

Amount Due: \$ _____

☐ Check (Payable to NWCLA)

☐ Visa ☐ Mastercard ☐ Discover

Card Number: _____

Exp. Date: ____ / ____ Security Code: ____ Zip Code: ____

Name on Card: _____

Billing Address (if different from above): _____



ADMINISTRATIVE USE ONLY

Payment Received: ____ / ____ / ____

Renewal Date: ____ / ____ / ____

Processed By: _____