



# 2024 NEOTRA MEMBERSHIP APPLICATION

Print out form and mail to the address below.

NAME:  AGE:  PHONE:

ADDRESS:  STATE:  ZIP:

CITY:  EMAIL:

TYPE OF MEMBERSHIP: BASIC:  Check Box      GOLD:  Check Box

NAME OF SPOUSE and CHILDREN UNDER 18 FOR FAMILY MEMBERSHIP:

DATE:  AMOUNT ENCLOSED:  make check payable to NEOTRA.

Mail to : Kim Neff  
4215 Beechwood Ave.  
Alliance, OH 44601

BASIC MEMBERSHIP (no insurance)  
Single.....\$15.00  
Family.....\$23.00

GOLD MEMBERSHIP (with insurance)  
Single....\$35.00  
Family...\$63.00

**Signature:** \_\_\_\_\_

Membership is from January 1<sup>st</sup>. to December 31<sup>st</sup>.

NOTE: NEOTRA is not associated with Equisure Insurance. All claims and disputes are between the member and Equisure. Information about Equisure can be found at [www.equisure-inc.com](http://www.equisure-inc.com).