

APPLICATION FORM NCSWA

NAME: \_\_\_\_\_

ARE YOU A SPRING OWNER...YES\_\_ NO\_\_

SPRING NAME \_\_\_\_\_

ARE YOU A BOTTLER YES\_\_ NO\_\_

ARE YOU A DISTRIBUTER YES\_\_ NO\_\_

DO YOU USE THE NCSWA SEAL YES\_\_NO\_\_

WOULD YOU LIKE TO ATTEND  
OUR MEETINGS YES\_\_ NO\_\_

RATE FOR MEMBERSHIP

SPRING OWNER...500.00

DISTRIBUTOR...250.00

ASSOCIATE...250.00

MAIL TO: NCSWA  
444 HOLLAND CREEK RD  
MARS HILL, NC 28754

