

NEW HARMONY BUSINESS ASSOCIATES, INC.

P.O. Box 45
New Harmony, IN 47631

2020 Membership Statement

We invite you to renew your commitment to sustain and improve the business climate in New Harmony by renewing your Business Associates Membership. Together we are creating a rising tide that will raise all boats.

Dues for the 2020 are due on November 15th, 2019

Meetings are at 8:30am, the first Wednesday of every month, at the Working Men's Institute on Tavern Street.

Please fill out the following information and return with your check to:

New Harmony Business Associates (NHBA)
P.O. Box 45
New Harmony, IN 47631

Membership Levels for 2020

Individual Volunteer – Free

Non-business owners who have an interest in volunteering within the NHBA

Social Club/Organization within New Harmony – Free

Any social club/organization within New Harmony
Basic club/organization information as well as contact info will be listed

Associate Member - \$100/year

Business owners outside of New Harmony
Services offered are beneficial to residents and guests of New Harmony
Basic business information will be listed as well as a link to your website/social media

Business Member - \$175/year

Any business within New Harmony
All business information will be listed on the website
Small write up containing back story of the business as well as services offered
Exterior and interior photos
Interior video of business available for additional cost

Associate and business members will be able to purchase advertising on the home page of the website for an additional rate.

We will not be printing new Visitors Guides/Maps for 2020

2020 Individual Volunteer Application

Name: _____

Mailing Address: _____ P. O. Number _____

Phone Number: _____ E-mail Address: _____

Preferred Method of Contact: (circle one) Call Text Email

Areas of Volunteer Interest: _____

Any additional comments/information: _____

Please return to:

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2020 Social Organization Application

Organization Name: _____

Street Address: _____ P. O. Number _____

Phone Number: _____ E-mail Address: _____

Website/Social Media: _____

Contact Name(s): _____

Phone Number: _____ E-mail Address: _____

Organization description/information: _____

Please return to:

New Harmony Business Associates (NHBA)
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2020 Associate Member Application

Business Name: _____

Mailing address: _____

Phone Number: _____ E-mail Address: _____

Website/Social Media: _____

Contact Name(s): _____

Description of business/services offered: _____

Any additional comments/information: _____

Please return with your check for \$100.00 to:

New Harmony Business Associates (NHBA)

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New Harmony, IN 47631

2020 Business Member Application

Business Name: _____

Street Address: _____ P. O. Number _____

Hours of Operation: _____

Business Phone Number: _____

Website: _____

Social Media: _____

Contact Name(s): _____

Phone Number: _____ E-mail Address: _____

**Please look at your current business listing on
www.visitnewharmony.com**

Do you need a new exterior photo? Yes No If yes, will you provide? Yes No

Do you need new interior photo(s)? Yes No If yes, will you provide? Yes No

Do you need your business information/description updated? Yes No

If yes, will you provide? Yes No

If you do not provide, please include discussion points for Axiom to use

Would you like a 360 interior video of your business for the website? Yes No

There will be an additional cost of \$60. Please include this cost in with the membership fee if you would like us to provide this service to you.

Would you like to be featured in the Visit New Harmony Map? Yes No

There will be an additional cost of \$25. Please include this cost in with the membership fee if you would like us to provide this service to you.

Please return with your check for \$175.00 to:

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