



Native American Development Corporation

17 North 26th Street Billings, MT 59101

Form

New Member Information

Name:	
Address:	
City & State:	
Phone:	
Email:	
Tribal Affiliation:	

Business Information

Business Name:	
Current Address:	
City & State:	
Is this a home-based business?	
Business Phone:	
Business Email:	
Website:	
Type of Business:	

NADC

Type of Membership Desired (Check One)

<input type="checkbox"/>	Virtual Membership	<ul style="list-style-type: none"> Professional business address w/ individual USPS mailbox Receipt services Available for discounted
<input type="checkbox"/>	Fulltime	<ul style="list-style-type: none"> Professional and collaborative spaces during operating hours. Meeting Room available for discounted hourly rate
<input type="checkbox"/>	Design Desk Membership	<ul style="list-style-type: none"> Designated working space Meeting Room 1 month free Discounted personal time in
<input type="checkbox"/>	Space Membership	<ul style="list-style-type: none"> Discounted personal time in Discounted personal time in

For Administrative Use

Tour Date:	_____ / _____ / _____
Staff Member:	_____
Appointment #	_____
Move-In Date	_____ / _____ / _____
Deposit Amount	_____
Date Deposited	_____ / _____ / _____

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