



2025 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....\$40.00
Family...\$73.00

Signature: _____

Membership is from January 1st. to December 31st.

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.