



## MEMBERSHIP APPLICATION

(Send to address listed below)

Name \_\_\_\_\_

Expires \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specialty: \_\_\_\_\_

Work Name \_\_\_\_\_

Membership Type:

Work Address \_\_\_\_\_

\_\_\_\_ New Member

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ NP Renewing Member

\_\_\_\_ Associate \_\_\_\_\_ Full

Phone H: \_\_\_\_\_ W: \_\_\_\_\_

\_\_\_\_ Address Change

\_\_\_\_ Lapsed member

Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Include ME on the NHNPA List Serve: \_\_\_\_\_ Yes \_\_\_\_\_ No

(All dinner, meetings, notices etc. are sent via the List Serve. If you don't check one, we will put you on!)

### Regional Affiliation Preference:

\_\_\_\_ Greater Concord    \_\_\_\_ North Country  
\_\_\_\_ Lakes North        \_\_\_\_ Seacoast  
\_\_\_\_ Lakes South        \_\_\_\_ Central (Nashua/Manchester)  
\_\_\_\_ Monadnock         \_\_\_\_ Upper Valley

REFERING MEMBER: \_\_\_\_\_

Additional Educational Districts: (From above areas)

\_\_\_\_\_

Payment method: (circle one) PAYMENT ENCLOSED    VISA/MASTER CARD    BILL YOUR EMPLOYER

\_\_ Visa \_\_ MC # \_\_\_\_\_ Expires: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Full Membership: \$125

Associate Membership (Students/Healthcare Professionals: \$50.

Make Checks payable to NHNPA and send to: NHNPA, 180 Mutton Road, Webster, NH 03303

Or Fax: 603-648-2466

The above information is correct. Signature and date: \_\_\_\_\_

### Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check#: \_\_\_\_\_

V/MC Approval #: \_\_\_\_\_ Entered: \_\_\_\_\_ Card: \_\_\_\_\_ By: \_\_\_\_\_