



MEMBERSHIP APPLICATION FORM

Name: _____

Date: _____

ACTIVE MEMBERSHIP CATEGORY INFORMATION: Please Check Appropriate Box

All applications for Active Membership must include this application, the names of two sponsors for each Professional Discipline Category, (sponsors must be active NHANRS members in the professional discipline for which you are applying), sponsor forms from named sponsors and either a N.H. Joint Board Certification or Transcripts and Resume. Applications are incomplete until all items are received. Sponsor forms are found on NHANRS.org. Please forward sponsor forms to the names you list below. Additional names for each Discipline may be written on the reverse side of this form.

Sponsor Names:

1. _____ 2. _____

- Active Membership --- \$ 125.00
- Lifetime Membership --- \$ 1,500.00
- Senior - Active Membership --- \$ 75.00 (over 65 years of age)
- Active Public Sector Membership --- \$ 30.00 per individual (Written proof of employment / appointment must accompany application. Professionals working in the natural resource field within the private sector are not eligible).

PROFESSIONAL DISCIPLINE CATEGORY (for Active Members only): Please Check All That Apply

- Wetland Science Soil Science Wildlife Forester
- N.H. Certified Wetland Scientist:** Yes **N.H. Certified Soil Scientist:** Yes
- Wildlife Biologist:** Yes **N.H. Licensed Forester:** Yes

OTHER MEMBERSHIP CATEGORIES INFORMATION: Please Check Appropriate Box

- Affiliate Membership --- \$ 70.00
- Student Membership --- \$ 20.00
- Affiliate Public Sector Membership --- \$ 30.00 per individual (Written proof of employment or appointment must accompany application. Professionals working in the natural resource field within the private sector are not eligible).
- Group Conservation Commission Membership --- \$ 20.00

SEND NHANRS CORRESPONDENCE TO (check one): Home Address Business Address

Company: _____ **County:** _____

Business Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Home Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Home Phone:** _____

Fax: _____ **Email:** _____

Please check if you are interested in joining any of the following committees:

- Education/Research Legislative Membership Newsletter Annual Meeting

Enclosed (Please make your check payable to NHANRS): \$ _____

I certify that all materials submitted are true. _____
(Signature)

Dues as outlined above are effective for the 2018 Membership Year

Because of lobbying activities, membership dues and gifts to NHANRS are not tax deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the IRS Code.