## 2022 MEMBERSHIP APPLICATION FORM

Name:	Date:
appointment must accompany application  Affiliate Membership \$ 95.00	o \$ 80.00 (Written proof of public sector employment or on).  sip \$ 45.00 per individual (Written proof of employmen pplication).
SEND NHANRS CORRESPONDEN	CE TO: Home Address Business Address (check one)
Company:	County:
Business Address:	
	State: Zip:
	State: Zip:
Business Phone:	Home Phone:
Cell Phone:	Email:
Please check if you are interested in j  ☐ Education ☐ Legislative ☐ Newsle	oining any of the following committees:  etter
ACTIVE MEMBERSHIP CATEGOR	RY APPLICATION INFORMATION
and resume. In addition, all Active Mem (Sponsors must be active NHANRS memb Two Sponsor forms per discipline are recapplications are incomplete until all item	t provide either N.H. Joint Board Certification, or transcript abership applicants must provide two Sponsor forms hers in the professional discipline for which you are applying). Quired, if you are applying for more than one discipline. In are received. Please forward Sponsor forms to the names wheth discipline may be written on the reverse side of this form.
1.	2
Form continues on reverse side	

Post Office Box 110

Concord NH 03302

PROFESSIONAL DISCIPLINE CATEGORY (Please Check all that Apply):	
<ul> <li>Wetland Science</li> <li>N.H. Certified Wetland Scientist:</li> <li>Certified Wildlife Biologist®:</li> <li>CPESC:</li> </ul>	<ul> <li>Wildlife</li> <li>N.H. Certified Soil Scientist:</li> <li>N.H. Licensed Forester:</li> <li>CESSWI:</li> </ul>
<b>Amount Enclosed:</b>	\$
I certify that all materials submitted are true.	
	(Signature)
Please make your check payable to NHANRS	

Dues as outlined above are effective for the 2021 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.