



## Membership Application or Renewal

### Applicant Information

Name			
Company Name			
Mailing Address			
City ST ZIP Code			
Work Phone			
Mobile Phone			
E-Mail Address			
Website			
NH License #			
Designations			
NAA Member #			

### Other Information

Other state licenses currently held	
Other Professional memberships	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

### Dues

**Please consider adding to your dues, a contribution to the Contingency Fund**

Annual dues are	\$60.00
I would like to contribute	\$
Total Payment	\$

Please send this signed and complete application, with your dues (and contribution), Payable to NHAA to:

NHAA  
 c/o Ailie Byers, VP  
 PO Box 5002-PMB 196  
 North Conway, NH 03860