



**MEMBERSHIP APPLICATION FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ACTIVE MEMBERSHIP CATEGORY INFORMATION: Please Check Appropriate Box**  
For Active Membership you must include N.H. Joint Board Certification or the following: Transcripts, Resume and two Sponsors' names for each Discipline (*must be active members in the professional discipline for which you are applying*). Applications are incomplete until all items are received. 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.

1. \_\_\_\_\_ 2. \_\_\_\_\_

- Active Membership --- \$ 125.00
- 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).
- Lifetime Membership --- \$ 1,500.00

**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 Forrester:  Yes

**OTHER MEMBERSHIP CATEGORIES INFORMATION: Please Check Appropriate Box**

- Affiliate Membership --- \$ 70.00
- 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).
- Student Membership --- \$ 20.00
- Group Conservation Commission Membership --- \$ 20.00

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

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 2017 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.*