



---

## Membership Application

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work E-Mail: \_\_\_\_\_

### Annual Membership Dues:

Individual Member: \$50.00

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

Municipal Group Membership (covers all employees): \$100.00

Contact      Address (if different) Phone      Email      Title

Corporate Group Membership (non-municipalities - covers all employees): \$150.00

Contact      Address (if different) Phone      Email      Title

Please mail this form along with payment to:

**NH Public Works Association**  
53 Regional Drive, Suite 1  
Concord, NH 03302