



## Membership Application

NAME OF APPLICANT:		COMPANY:	
ADDRESS:			
CITY/STATE /ZIP CODE:			
PHONE NUMBER:		EMAIL:	

<b><u>Membership Type:</u></b>	<b><u>Cost</u></b>	<b><u>Total</u></b>
INDIVIDUAL MEMBERSHIP	\$50/year	
MUNICIPAL GROUP MEMBERSHIP	\$100/year	
CORPORATE GROUP MEMBERSHIP	\$150/year	

<b><u>Member List</u></b> <small>(For Group Membership Only):</small>	<b><u>Title</u></b>	<b><u>Email Address</u></b>	<b><u>Mailing Address</u></b> <small>(if different than above)</small>
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Note: To add more than 10 employees, please list members on a separate sheet and attach to your application form.

Please mail this form along with payment to:

**NH Public Works Association**  
 25 Triangle Park Drive  
 Concord, NH 03301