| NHBEA PROFESSIONAL MEMBERSHIP FORM |
| --- |
| Applicant Information |
| Name: |
| Home Address, Street: |
| City: | State: | ZIP Code: |
| Best Phone: | Best Email: |
| School/Employer Information |
| Current Employer or School: |
| Employer Address, Street: |
| City: | State: | ZIP Code: |
| Position/Title: | Phone: |
| School/Employer E-mail: | Fax: |

**Professional Membership** **Dues:** $20 \*\*\*\* Memberships Run Annually (1 Jan – 31 Dec) \*\*\*\*\*

Payment for dues and conference fees:

• Accepted in cash, check, purchase order, or major credit card.

• Make checks payable to NHBEA

Mail payment, call in credit card info, or request invoice to pay online to:

 Joyce White, NHBEA Treasurer

Request Invoice: (Check Box and mail physical copy Alvirne High School

 or email scanned copy to Joyce White) 200 Derry Rd.

 Hudson, NH 03051

 e-mail: jwhite@nhbea.org 603-759-6383

Please charge my credit card for my: $\_\_\_\_\_ Membership fee *and/or* $\_\_\_\_\_ Conference fee

Please Print **Card #** Exp. Date 3 Digit Security Code

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Billing Zip Code: Authorizing Signature: