

## 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:

Request Invoice: (Check Box and mail physical copy  
or email scanned copy to Joyce White)

e-mail: [jwhite@nhbea.org](mailto:jwhite@nhbea.org)

Joyce White, NHBEA Treasurer  
Alvirne High School  
200 Derry Rd.  
Hudson, NH 03051  
603-759-6383

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

Please Print **Card #**

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Exp. Date

3 Digit Security Code

Billing Zip Code: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_