



MEMBERSHIP APPLICATION FORM

Name: _____

Date: _____

ACTIVE MEMBERSHIP CATEGORY INFORMATION: Please Check Appropriate Box

- Active Membership --- \$ 150.00 Lifetime Membership --- \$ 1,500.00
- Active Public Sector Membership --- \$ 30.00 per individual (Written proof of employment / appointment must accompany application. **NOTE: If you are working in the natural resources in the private sector you are not eligible for Active Public Sector membership).**

PROFESSIONAL DISCIPLINE CATEGORY (for Active Members only). Please Check All That Apply.

- Wetland Science Certified Wetland Scientist – (List State(s) & #: _____); Soil Science
- Certified Soil Scientist– (List State(s) & #: _____); Forestry Licensed Forester– (State & #: _____);
- Wildlife Certified Wildlife Biologist – (List Organization & #: _____)

OTHER MEMBERSHIP CATEGORIES INFORMATION: Please Check Appropriate Box. NOTE: these categories are only for applicants that do not hold certifications in a Professional Discipline Category.

- Affiliate Membership --- \$ 70.00 Student Membership --- \$ 20.00
- Affiliate Public Sector Membership --- \$ 30.00 per individual (Written proof of employment or appointment must accompany application. **NOTE: If you are working in the natural resources in the private sector you are not eligible for Affiliate Public Sector membership)**

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: _____ E-Mail: _____

For Active Membership you must include the following: Transcripts and Resume OR Copy of certification Also, two Sponsors' names for each Discipline (*sponsors' must be active members in the professional discipline for which you are applying*). Applications are incomplete until all required 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. _____

Please check if you are interested in joining any of the following committees:

- Education/Research Legislative Membership Newsletter Annual Meeting
- Professional Discipline (Wetlands) Professional Discipline (Wildlife) Professional Discipline (Soils)

Enclosed Membership Fee(Please make your check payable to NHANRS) : \$ _____

I certify that all materials submitted are true. _____

Your application is not complete without your signature. (Signature)

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.

Dues as outlined above are effective for the 2009 Membership Year