

MEMBERSHIP APPLICATION

chapter/region:

please make check payable to NEWH and mail to: **NEWH Membership**
PO Box 322
Shawano, WI 54166

personal information:

last name:	<input type="text"/>	home address/apt:	<input type="text"/>
first name:	<input type="text"/>	city:	<input type="text"/>
middle initial:	<input type="text"/>	state:	<input type="text"/> zip: <input type="text"/>
please tell us where you heard about NEWH:	<input type="text"/>	phone:	<input type="text"/>
what benefits would you like to see NEWH provide:	<input type="text"/>	personal email:	<input type="text"/>
		date of birth:	<input type="text"/>
		spouse/significant other:	<input type="text"/>

business information:

year entered industry:	<input type="text"/>	mailing preference:	home: <input type="checkbox"/>	business: <input type="checkbox"/>
type of business: <i>i.e., design, sales, hotel management, manufacturing, procurement, etc.</i>	<input type="text"/>	position:	<input type="text"/>	
occupation: <i>brief description for use in Membership Directory</i>	<input type="text"/>	company:	<input type="text"/>	
type of product or service: <i>Where would you like to be listed in the Resource Section of the Directory</i>	<input type="text"/>	address/suite:	<input type="text"/>	
		city:	<input type="text"/>	
		state:	<input type="text"/>	zip: <input type="text"/>
		phone/ext:	<input type="text"/>	
		alt. phone:	<input type="text"/>	
		fax:	<input type="text"/>	
		cell:	<input type="text"/>	
		business e-mail:	<input type="text"/>	
		web address:	<input type="text"/>	

please list two (2) industry references who have known or worked with you for at least one (1) year.

name:	<input type="text"/>	company:	<input type="text"/>	phone:	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>

Statement of Applicant

In applying for membership in the NEWH, INC., I attest to the accuracy of the information in this application and will do all within my power to maintain and enhance the integrity and prestige of NEWH, Inc.

signature: date:

please include photo for Membership Directory - photo will not be returned - or email a digital photo to newh.membership@newh.org - be sure to include your name in the email

By submitting your photo, you are agreeing to allow NEWH, Inc. to use it for promotional purposes

please include your business card with this application

The information provided on this application is confidential and will not be given, sold or rented to any organization, business, etc. Only your business information will be included in the NEWH, Inc. Membership Directory

Check Visa Mastercard Amex (US only)

Card number	Amt: \$ _____	Exp Date _____	CVC Code _____
Print name as shown on card	Billing Street Address		
Signature	Billing City	State	Zip