

MEMBERSHIP APPLICATION

chapter/region affiliation:

please complete application and mail/email to: **NEWH Membership**
PO Box 322
Shawano, WI 54166
newh.membership@newh.org

personal information:

last name:	<input type="text"/>	home address:	<input type="text"/>	apt:	<input type="text"/>
first name:	<input type="text"/>	city:	<input type="text"/>		
middle initial:	<input type="text"/>	state/province/shire:	<input type="text"/>	zip/postal:	<input type="text"/>
date of birth:	<input type="text"/>	phone:	<input type="text"/>		
spouse/ significant other:	<input type="text"/>	personal email:	<input type="text"/>		
		Preferences: Mail:	home	business	Email: personal business

business information:

YEAR entered industry:	<input type="text"/>	position:	<input type="text"/>
type of business: <i>i.e., design, sales, hotel management, manufacturing, procurement, etc.</i>	<input type="text"/>	company:	<input type="text"/>
occupation: <i>brief description for use in Membership Directory</i>	<input type="text"/>	address:	<input type="text"/>
		suite:	<input type="text"/>
		city:	<input type="text"/>
		state/province/shire:	<input type="text"/>
		zip/postal:	<input type="text"/>
		phone/ext:	<input type="text"/>
		alt. phone:	<input type="text"/>
		cell:	<input type="text"/>
		business e-mail:	<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"/>	web address:	<input type="text"/>
		Professional certifications: (AID, CID, LEED, WELL, NCARV, NCIDQ, other)	<input type="text"/>

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

name:	company:	phone:
<input type="text"/>	<input type="text"/>	<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 submit photo for Membership Directory - **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

*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. By applying for NEWH membership, you are agreeing to opt-in to
 NEWH email, and agree to the NEWH Code of Ethics, Photo Release, and Member Logo Policy - see newh.org/member-agreement for details*

Check # _____ payable to NEWH Visa MC Amex

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