

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:
first name:
middle initial:

date of birth:
spouse/
significant other:

home address: apt:
city:
state/province/shire: zip/postal:
phone:
personal email:
Preferences: Mail: ☐ home ☐ bus. / Email: ☐ personal ☐ bus.

business information:

YEAR entered industry:
type of business:
*i.e., design, sales, hotel management,
manufacturing, procurement, etc.*
occupation:
*brief description for use in
Membership Directory*

type of product or service:
*Where would you like to be listed in the
Resource Section of the Directory*

position:
company:
address: suite:
city:
state/province/shire: zip/postal:
phone/ext:
alt. phone:
cell: display cell on NEWH website? Yes ☐ No ☐
business e-mail:
web address:
Professional certifications:
(AID, CID, LEED, WELL, NCARV, NCIDQ, other)

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 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

Email receipt to:

Card number

Amt: Exp Date CVC Code

Print name as shown on card

Billing Street Address

Signature

Billing City state/province/shire zip/postal code