



Name: \_\_\_\_\_

Title & Organization: \_\_\_\_\_

Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP/Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please send me additional information about supporting NHMA.

The enclosed check, in the total amount of \$ \_\_\_\_\_, is for Calendar Year 2015 for the following:

**Donation** - \$ \_\_\_\_\_

**Membership(s):**

Individual - \$50

Students / Retirees - \$15

Institution - \$100 (Institutional membership will include 1 full individual membership with voting rights + affiliate memberships available at an additional \$15.00 each)

\_\_\_\_\_ number of affiliates (Please include Name, Title, Address, Phone, and Email for each affiliate.)

Supporting Institution - \$500

Make checks payable to: **NHMA**

*Mail application to:*

**Natural Hazard Mitigation Association  
PO BOX 55352  
Metairie, LA 70055**

**NHMA thanks you for your support!**

NHMA is a 501(c)(3) Educational & charitable organization. Contributions are tax deductible in accordance with IRS rules and regulations.