



Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/ZIP/Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please send me additional information on NHMA.

Enclosed is a check for dues for \_\_\_\_\_ members for this Calendar Year in the following amount(s):

- Individual - \$50
- Student - \$15
- Retiree - \$15
- Institution - \$100 (Institutional membership will include 1 full individual membership + affiliate memberships available at an additional \$15.00 each.)
- Supporting Institution - \$500

*Make checks payable to: NHMA*

*Mail application to*

**Natural Hazard Mitigation Association  
PO Box 170984  
Boston, MA 02117**

[www.nhma.info](http://www.nhma.info)