

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):**

**□ Professional** - **$75**

**□ Student** - **$15**

**□ Retiree** - **$15**

~~□~~ **Institutional/Partnership** - **$250** *(includes up to 5 Professional members)*

*\*Please Use* [***NHMA Corporate / Institutional / Student Chapters Membership Form***](http://nhma.info/wp-content/uploads/2021/11/NHMA_CORP-INSTIT-Membership_Form_Current_Year-2021Update.docx)*.*

~~□~~ **Corporate Membership** - **$500** *(includes up to 10 Professional members)*

*\*Please Use* [***NHMA Corporate / Institutional / Student Chapters Membership Form***](http://nhma.info/wp-content/uploads/2021/11/NHMA_CORP-INSTIT-Membership_Form_Current_Year-2021Update.docx)*.*

~~□~~ **Student Chapters** - **$250** *(includes up to 20 student members)*

*\*Please Use* [***NHMA Corporate / Institutional / Student Chapters Membership Form***](http://nhma.info/wp-content/uploads/2021/11/NHMA_CORP-INSTIT-Membership_Form_Current_Year-2021Update.docx)*.*

*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/)