

2020 Membership Application

____ Renewal

____ New Member

____ Individual Membership (\$50)

Corporate Membership (\$500 for up to 10 members from one organization; 50 percent discount off individual membership price per additional member over 10)

2020 NHEDA Membership Application	
First Name:	Last Name:
Title:	Organization
Address:	
City:	State, Zip Code
Phone:	Email

Dues are for the calendar year and expire on Dec. 31. NHEDA does not pro-rate dues.

Amount Due: _____ Amount Enclosed: _____

If you are not paying online at http://www.nhedaonline.org/members, please make check payable to NHEDA and mail along with this registration form to:

NHEDA 251 Swain Rd., Barrington, NH 03825