



Membership Application

Name: _____

Title: _____

Employer: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email*: _____

**You will automatically be placed on ANHPEHRA's Listserv.
If you do not wish to be placed on the Listserv, please check this box:*

Membership dues are **\$15.00** per member per calendar year.

Make checks (no cash please) payable to: **ANHPEHRA**

Mail this form with payment to: **ANHPEHRA**
c/o Local Government Center
PO Box 617
Concord, NH 03302-0617