



Name: _____

Organization: _____

Title: _____

Mailing Address: _____

City: _____

State/ZIP/Country: _____

Phone: _____

E-mail: _____

Please send me additional information on NHMA.

Enclosed is a check for dues for ____ members for Calendar Year 2011 in the following amount(s):

Individual - \$50

Students / Retirees - \$15

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

Make checks payable to: NHMA

Mail application to:
Natural Hazard Mitigation Association
616 Solomon Drive
Covington, LA 70433

www.nhma.info