



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 2010 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](http://www.nhma.info)