



2016 MEMBERSHIP APPLICATION

Name: _____

Credential(s): _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Job Title/Organization: _____

What topics are you interested in having presented at our meetings?

Please make a selection:

☐ NCHIMA Annual Membership Fee: \$20.00

☐ Student Membership (*Free*)

☐ NCHIMA Scholarship Fund Donation: _____

TOTAL _____

Make checks payable to NCHIMA. Mail to:

NCHIMA

Samantha Kuhlmann

PO Box 595

Haxtun, CO 80731

www.nchimaonline.org

NOMINATING COMMITTEE SURVEY

Interested in volunteering for a board or committee position? NCHIMA needs you!

Please contact me at (email): _____ Phone: _____

My name is _____