



**MEMBERSHIP FORM**

**I WANT TO JOIN/RENEW!**

NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE/PROV \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ CPM# (if applicable) \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ SECOND PHONE \_\_\_\_\_  
TITLE/CREDENTIAL(S) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**DUES**

New Member     Membership Renewal     Returning Former Member     Student Member

\$ \_\_\_\_\_ \$125 Annual CPM Membership (3 yr option: \$335)  
\$ \_\_\_\_\_ \$75 Annual CPM – Reduced Rate [Family income less than \$35,000]  
\$ \_\_\_\_\_ \$25 Student member (*non-voting membership*)  
\$ \_\_\_\_\_ \$35 Associate member (*non-voting membership*)  
\$ \_\_\_\_\_ Chapter dues (if applicable – consult your State Chapter re dues amount, etc.)  
\$ \_\_\_\_\_ Additional gift to NACPM-Any amount would be greatly appreciated!  
\$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED

*NOTE: We encourage you to join at the \$125.00 level to support the work of NACPM.*

State Chapter Name (if applicable): \_\_\_\_\_

If your state does not yet have a Chapter, would you like to start one? \_\_\_\_\_

(If so, we will follow up via email and/or phone to discuss further)

Are there areas of importance to you that you would like to see NACPM work on?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WE LOOK FORWARD TO HEARING FROM YOU AND WE APPRECIATE YOUR SUPPORT!**

Method of Payment:     Check# \_\_\_\_\_ or Money Order Enclosed     Online Credit Card Payment

Please mail this form along with payment to: NACPM PO Box 340 Keene, NH 03431