



NHCRA - Membership Form

Select MEMBERSHIP TYPE

Membership with "Member/Practitioner" listing (\$75.00)

Student Membership (\$15)

Available to full-time conflict resolution students or individuals that provide conflict resolution services without pay for a non-profit organization. Student members are required to provide proof of current student status. Please include a copy of your student identification card.

Make your check payable to NHCRA and mail to PO Box 1491, Dover, NH 03820.

The information below will appear on the website in the "**Members**" and "**Practitioner**" list for all except Student Members.

| | |
|----------------------|--|
| Business Name | |
| First & Last Name | |
| Street/PO Box: | |
| Street/PO Box 2: | |
| City: | |
| State | |
| Zip Code: | |
| Telephone: | |
| Alternate Telephone: | |
| Website | |
| Email | |

COMMITTEE PARTICIPATION

I am interested in working on the following NHCRA committees:

| | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Education Committee |
| <input type="checkbox"/> | Nominating Committee |
| <input type="checkbox"/> | Legislative and Courts Committee |
| <input type="checkbox"/> | Website Committee |

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NHCRA

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PO Box 1491
Dover, NH 03820

THANK YOU