

2017 NNGA Membership Application

Note: Membership year starts 1 January and ends 31 December

ALL members are asked to complete and return this form to help us keep in touch with you.

P L E A S E U S E B A L L P O I N T O R # 2 P E N C I L
A N D P R I N T C L E A R L Y

Name (first) _____ (last) _____	State or Province _____
Family Member's Name(s) (Family memberships only) _____	ZIP or Postal Code (US: please enter ZIP+4 if known) _____
Membership Number (See Mailing Label) _____	Country (Foreign only) _____ (_____) _____ - _____
Company _____	Phone _____ (_____) _____ - _____
Address _____	Fax _____
City _____	e-mail address _____

Please blacken all applicable boxes

<p style="text-align: center;">Membership Status</p> <p> <input type="checkbox"/> Renewal for year 2017 <input type="checkbox"/> Change of Address <input type="checkbox"/> New Member <input type="checkbox"/> Life Member <input type="checkbox"/> New Life Member <input type="checkbox"/> Previously Paid 2017 Dues </p>	<p style="text-align: center;">Sponsoring Memberships</p> <p> <input type="checkbox"/> I wish to sponsor a person with a disability. Enclosed is \$40.00. <input type="checkbox"/> I wish to sponsor a student. Enclosed is \$40.00. <input type="checkbox"/> Gift membership. Enclosed is \$40.00. </p> <p>Name and address: _____ _____ _____</p>
<p style="text-align: center;">Online Publication Option</p> <p> <input type="checkbox"/> I elect to receive my Nutshell/AR online. Do <i>not</i> mail me a printed copy. </p>	<p style="text-align: center;">Remittance</p> <p> Membership dues \$ _____ I wish to sponsor: Person with disability \$ _____ Student \$ _____ Gift Membership \$ _____ Research Contribution \$ _____ </p> <p style="text-align: right;">TOTAL \$ _____</p>
<p style="text-align: center;">Membership Categories</p> <p> <input type="checkbox"/> Individual (US only)\$40.00 <input type="checkbox"/> Family (US only) 50.00 <input type="checkbox"/> Individual (Canadian) 45.00 <input type="checkbox"/> Family (Canadian) 55.00 <input type="checkbox"/> Overseas and Mexican 50.00 <input type="checkbox"/> Contributing 60.00 <input type="checkbox"/> Sustaining 80.00 <input type="checkbox"/> Three year discounted membership (3 x annual category rate - \$10.00) <input type="checkbox"/> Life 1,000.00 <input type="checkbox"/> Bronze Life 1,200.00 <input type="checkbox"/> Silver Life 1,400.00 <input type="checkbox"/> Gold Life 1,600.00 </p>	<p style="text-align: center;">Office use only</p> <p> Date Received: _____ Check #: _____ </p>
<p>Send your remittance to:</p> <p> Jeanne Romero-Severson, Treasurer Northern Nut Growers Association PO Box 489 Notre Dame, IN 46556 </p>	<p style="text-align: center;">Payment Method</p> <p> <input type="checkbox"/> Check* <input type="checkbox"/> Money Order* <input type="checkbox"/> PayPal† </p> <p>†Credit card payments may be made through PayPal; it is not necessary to join PayPal. To make a payment through PayPal, use the PayPal option on NNGA's website, http://www.nutgrowing.org.</p> <p>*Payment must be in US dollars or drawn on a US bank and payable to NNGA.</p>