



Municipal Management Association of New Hampshire
"Public Betterment through Professional Management"

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Municipality/Agency: _____

Title: _____

Date Appointed to Current Position: _____

Office Address: _____ Phone: _____

Residence Address: _____

E-Mail Address: _____

Application for Full Membership

By my signature below, I hereby certify that I have read the MMANH by-laws, that my position meets membership criteria 1-6 as listed in the MMANH By-Laws, and I agree to abide by the Code of Ethics adopted by MMANH and appended to the By-Laws.

___ **Yes, I want my e-mail address added to the MMANH e-mail list serve.**

___ **No, please do not add my e-mail address to the list serve.**

Application for Associate Membership

By my signature below, I hereby certify that I have read the MMANH by-laws, that I am eligible for Associate Membership because _____, and that I agree to abide by the Code of Ethics adopted by MMANH and appended to the By-Laws.

___ **Yes, I want my e-mail address added to the MMANH e-mail list serve.**

___ **No, please do not add my e-mail address to the list serve.**

(Signature)

(Date)

Visit www.mmanh.org for By-Laws and additional information.

Please enclose a check made payable to Municipal Management Association of NH in the amount of \$100.00 for dues through December 31 of the current year (for full membership) or \$50.00 (for associate membership) and mail this completed application to New Hampshire Municipal Association, Attn: MMANH, 25 Triangle Park Drive, Concord, NH 03301.