



NACMID

Membership Application

Title: Mr. Miss. Ms. Mrs. Dr.

Name: _____
(first) (middle initial) (last name)

Mailing Address

(city) (state) (zip)

**Business Address
(if different from
above)**

(city) (state) (zip)

Business Phone

Home Phone

FAX

E-Mail

Please check if we have your permission to email announcements. We will NOT give out your email address without your permission; you will ONLY receive NACMID updates.

- One year \$30.00
- Five years \$125.00
- Life-time membership \$250.00

Please make your check payable to "NACMID" and mail to:

NACMID Treasurer
c/o Maureen Collopy
15 Hamilton St
Dover, NH 03820