



Mail to: NWMA, 133 Fay Avenue, Ely, NV 89301 or Fax to: 775-289-2708

Nevada Weed Management Association

2015 Membership Form

SECTION 1: Member Contact Information

TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other, please specify:		
FULL NAME			
JOB TITLE		MAIN TELEPHONE	
ORGANIZATION		WORK TELEPHONE	
ADDRESS 1		EMAIL	
ADDRESS 2		STATE	
CITY		ZIP CODE	

SECTION 2: Membership Types and Payment Options

MEMBER TYPE	DESCRIPTION	ANNUAL DUES
FULL ORDINARY	Full Regular Membership	\$30.00
STUDENT & RETIRED	Full-time students (high school or college) or retired professionals	\$15.00
GROUP MEMBERSHIP	Includes membership for up to three people from one organization	\$75.00
DONATION	NWMA is a non-profit organization and depends upon your support	\$ _____
TOTAL PAYMENT		\$ _____
PAYMENT METHOD	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Visa or MasterCard only) <input type="checkbox"/> Invoice my organization	

SECTION 3: Member Preferences

NEWSLETTER SUBSCRIPTION (choose one)	<input type="checkbox"/> Email me a PDF <input type="checkbox"/> Mail me a hard copy
ADD TO NWMA EMAIL LISTSERVE	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check
 Money Order
 Credit Card

Name on card: _____ Billing Zip Code: _____

Card Number: _____ CVV Number: _____ Expiration Date: _____

NWMA USE ONLY Date Rcd: _____ Rcd by: _____ Payment Rcd: _____

Ant: _____ Receipt No.: _____ Confirmation mailed: _____