



# 2024 Membership Application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Town/City or Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please Indicate Type of Membership: (check only one)

- Municipal Membership** (\$30.00)
- Affiliate Membership** (\$45.00)
- Retiree Membership** (\$10.00)

Please enclose a check made out to New Hampshire Road Agents Association, for the appropriate amount and mail with this application to:

NH Road Agents Association  
c/o New Hampshire Municipal Association  
25 Triangle Park Drive / Concord, NH 03301  
Email: [nhroadagents@nhmunicipal.org](mailto:nhroadagents@nhmunicipal.org)