



APPLICATION FOR MEMBERSHIP

Name of Organization: _____

Mailing Address: _____

Does your organization operate a shelter? () Yes () No

Shelter Address (if different): _____

Telephone Number: _____ Fax Number: _____

Email: _____

Website: _____

Date of Incorporation: _____

Is your organization registered with the State of New Hampshire Department of
Agriculture? () Yes () No

Is your organization recognized by the IRS as a 501(c)3 tax exempt
organization? () Yes () No () Pending

What are your organizations purposes/goals?

Why does your organization wish to join the NHFHO?

Please list the principal officers/directors of your group:

Annual Dues Breakdown:

- Organizations with annual budget less than \$50,000 - \$25
- Organizations with annual budget \$50,000 - \$200,000 - \$60
- Organizations with annual budget over \$200,000 - \$100

Dues are payable to NHFHO (cash or check only)