



NHTM PREMIUM MEMBER DATA FORM

Memberships are for one academic year, August 1st through July 31st.

<i>Principals/Directors: Please Print Clearly</i>			
First Name		Last Name	
School Name		SAU #	
School Address			
Principal/Director School E-mail			
City		State	ZIP
Grade Elementary _____ Level: Middle _____ Secondary _____ Post Secondary _____ Other _____	Educators included in this membership: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ <i>Please add additional names to a second sheet</i>		Email addresses 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

Colleges and universities may include students in this bulk enhanced membership rate.

Premium Individual Membership Fee Structure	Up to 19 educators: \$25 20 or more educators: \$50
Checks payable to NHTM and Purchase Orders, along with this form, should be sent to:	
Bernadette Kuhn, Membership Chair 145 Eastern Ave. Keene, NH 03431-43583	