

The Friends of New Hampshire Drug Courts
PO Box 326
North Haverhill, NH 03774

MEMBERSHIP APPLICATION

Membership Type (check one): Individual_____ Corporate/Government_____
Youth_____ Honorary_____ Advisory_____

Name_____

Street Address_____

City_____ State_____ Zip_____

Primary/Alternate Contact (if a Corporate or Government)_____

Parent/Guardian (if a youth)_____

Best Phone Number_____ Other Phone Number_____

E-mail_____

Occupation_____

List Membership of Other Nonprofits or Boards on Which You Currently Serve:

List Other Volunteer Experience_____

Areas of Expertise (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Law Enforcement/Government |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Nonprofit Management |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Philanthropic Community |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Volunteer Management |

Other Areas of Expertise/Skills:

Current Interest and/or Involvement in Our Organization: _____

Print Name _____ Signature _____

Date _____

(Required if applicant is under 18 years of age.)

Parent/Guardian Name _____ Signature _____

Date _____

Date of Membership Approval _____

PLEASE MAIL COMPLETED APPLICATION TO:

Friends of New Hampshire Drug Courts
PO Box 326
North Haverhill, NH 03774