

Membership Application
Membership to the National Organization of
Professional Hispanic NRCS Employees is open to all NRCS employees.

Complete, sign and mail with payment to: **Timothy Garrahan, 7098 Atlanta Circle, Seaford, DE 19973**

Choose Type of Membership

<p>~ Lifetime Membership (\$500.00) ~ 1 payment - (\$500.00) ~ 2 payments - (\$250.00) ~ 4 payments - (\$125.00) ~ 5 payments - (\$100.00) ~ 8 payments - (\$62.50) ~ 10 payments - (\$50.00)</p>	<p>~ Institutional - \$250 Any organization which subscribes to the purpose of the organization is eligible for membership after approved by vote of the voting membership.</p>
<p>~ 1-Year Membership - \$30.00 (Charter) Same as regular membership, but only available for founding members of NOPHNRCSE. ~ Payroll Deduction ~ Check enclosed</p>	<p>~ Associate - \$15.00 Any person who has rendered notable service to the objectives of the organization may be granted associate membership upon a vote by ballot of three-fourths of the members present and voting at the annual meeting of the organization.</p>
<p>~ 1-Year Membership - \$30.00 (Regular) Any person eligible for regular membership under the constitution shall be deemed a member upon payment of current and annual dues. ~ Payroll Deduction ~ Check enclosed</p>	<p>~ Student - \$10.00 Student currently enrolled in an institution of higher learning.</p>
<p>~ New member ~ Renewal If new, how did you find out about NOPHNRCSE? (name of individual): _____</p>	<p>~ Have you changed your address, region, or other information? Use the Personal Information space below to enter new information.</p>

Personal Information (* Required fields)

~ Mr. ~ Mrs. ~ Ms. ~ Miss. *First Name: _____ M.I.: ____ * Last Name: _____
 * Job Title: _____ * Job Series: _____ * Agency: _____
 * Home Address: _____
 * City: _____ * State: _____ * Zip: _____
 * Phone: (____) _____ * Home E-mail: _____
Region: ~ Caribbean ~ East ~ Midwest ~ Northern Plains ~ Southeast ~ South Central ~ West

Office Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ E-mail: _____

~ **YES!** I would like to be listed in the organization's directory.

Total Enclosed: \$ _____ **Signature** _____ **Date:** _____
 Make check payable to **NOPHNRCSE**.

NOPHNRCSE membership dues are effective for one calendar year (January to December).
USDA-NRCS prohibits the use of government franked envelopes and government postage to be used in submitting membership dues and application forms.

For Official Use Only

Date Received: _____ Check # _____ Payroll _____



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OPTIONAL SURVEY

Please complete and mail to: **Timothy Garrahan, 7098 Atlanta Circle, Seaford, DE 19973**

Personal Information

Mr. Mrs. Ms. Miss. First Name: _____ M.I. ____ Last Name: _____

Job Title: _____ Job Series: _____ Agency: _____

Region: Caribbean East Midwest Northern Plains Southeast South Central West

Gender: M F

Retirement date: _____

Do you speak Spanish? Yes No

Are you a Veteran? Yes No

Do you have a disability? Yes No

Are you a current HEPM? Yes No

Are you a member of other NRCS Professional Organizations? Yes No

Do you have a mentor? Yes No

Are you Hispanic or Latino? Yes No

Race: Black White Asian Native American

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Date Received: _____