



All prospective members of NCSHP are required to complete this registration form. Indicate any changes; Membership runs from January 1<sup>st</sup> - December 31<sup>st</sup>.  **NEW MEMBERSHIP**  **RENEWAL**

**SECTION 1: MEMBER CONTACT INFORMATION**

<b>TITLE / NAME</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	
<b>COMPANY</b>					
<b>ADDRESS</b>				<b>WORK TELEPHONE</b>	
<b>TOWN/CITY</b>				<b>MOBILE PHONE</b>	
<b>ZIP CODE</b>				<b>PRIMARY EMAIL</b>	
<b>JOB TITLE:</b>				<b>SECONDARY EMAIL</b>	

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)
	Yearly Membership	\$50.00 per company
<b>PAYMENT METHOD</b>	<input type="checkbox"/> Institutional Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card	
<b>TYPE OF CARD</b>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> OTHER	EXPIRATION DATE:
<b>FULL NAME ON CARD</b>		SECURITY CODE (BK OF CARD)
<b>ACCOUNT NUMBER</b>		
<b>TOTAL CHARGED</b>		

**SECTION 3: MEMBER INFORMATION**

<b>OCCUPATION /JOB TITLE:</b>
Please indicate if you would be willing to <b>be a speaker at one of our meetings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time  Is there a specific topic you would be interested in speaking about? _____
Permission to use your contact information NCSHP has a directory of its members with emails, addresses and phone numbers. NSCHP would like to provide members with this directory for a way of communication between its members. Please indicate your permission for use: _____ NCSHP has my permission to use my contact information that is provided above _____ NCSHP does not have permission to use my contact information
<b>Permission to use photographic images and contact info</b> Photographs of NCSHP may be used in various NCSHP communications. Photographs taken at NCSHP events may be used without identifying individual members. please indicate your permission for use: _____ NCSHP has my permission to use photographs of me and possibly identify me _____ NCSHP does not have permission to use and identify photographs of me.

**Date:** \_\_\_\_\_

**To pay by check:** Send a check made payable to NCSHP 4225 South 89<sup>th</sup> Street, Omaha, NE 68127  
 Regardless of payment method used, please **make sure to send a copy of your membership form** to [acurtis@commonwealthelectric.com](mailto:acurtis@commonwealthelectric.com) or mail to the above address. There are semi-annual meetings (Fall & Spring) that are \$45.00 per attendee per meeting, those will be sent out before each meeting.