

## STUDENT MEMBERSHIP APPLICATION

chapter/region affiliation:

please complete application and mail/email to: **NEWH Membership**  
**PO Box 322**  
**Shawano, WI 54166**  
**newh.membership@newh.org**

### personal information:

last name:   
 first name:   
 middle initial:   
 date of birth:   
 spouse/  
 significant other:

\*permanent  
 address:  apt:   
 city:   
 state:  zip:   
 phone:   
 +personal email:

*\*this is your permanent home address/parent's address, if applicable*  
*\*please be sure to provide an email other than your school email address)*

mailing preference: permanent  school:

### student information:

school name:   
 city:  state:   
 graduation date:   
 year of study:   
 area of study:   
 department head:   
 advisor:   
 student or profes-  
 sional affiliations:

#### your mailing address at school:

address:   
 apt:   
 city:   
 state:  zip:   
 phone:   
 school email:

#### Statement of Applicant

In applying for membership in the NEWH, Inc., I attest to the accuracy of the information in this application and will do all within my power to maintain and enhance the integrity and prestige of NEWH, Inc.

signature:  date:

please submit photo for Membership Directory - **email a digital photo to newh.membership@newh.org - be sure to include your name in the email**  
**By submitting your photo, you are agreeing to allow NEWH, Inc. to use it for promotional purposes**

*The information provided on this application is confidential and will not be given, sold or rented to any organization, business, etc.*  
*Only your business information will be included in the NEWH, Inc. Membership Directory. By applying for NEWH membership, you are agreeing to opt-in to NEWH email, and agree to the NEWH Code of Ethics, Photo Release, and Member Logo Policy - see newh.org/member-agreement for details*