

2025 Membership Application

Mail Application to: Ann Ruggles
PO Box 52
East Haven, VT 05837

Makes checks payable NEPtHA

New Membership:	_ Renewal:	_ Individual Membership \$35.0	00/Yr. 19 & Over.		
New Membership:	_ Renewal:	_ Youth Membership \$30.00/Y	r. 18 & Under DOB _/_	/	
consists of a married co	uple with children	-	o two children, each add	vith children showing A family membership itional child shall cost an additional	
New Membership: members MUST reside at t		Joint Membership \$60.00/Yr. Includes two persons living at the same address without children showing. Both .			
New Membership;	_ Lifetime Membersh	55 + Over \$ 65 + Over \$ YOUTH until 19 yrs. Of age \$1	255.00 180.00 55.00 15.00		
PLEASE PRINT LEGIBLY Please list each child under the age of 18 year included in your family membership. Must list DOB.					
		DOB:			
Name:			Address:		
City:	St	ate:Zip:		Phone:	
Cell:	email:			National Membership #	
**CIGNATURE REQUIRED					