



Membership Application

NTAGS Membership is through the individual. Please provide your personal contact information.

Name: _____ Date: _____

Professional Credentials (MD, RN, LMSW, LNHA, CSA, etc): _____

Company: _____ Position: _____

Address: _____
Street City State Zip

E-Mail: _____ Alt E-Mail: _____

Phone Number: _____ Alt Number: _____

- New Membership
- Renewing Membership

Professional Membership: \$30.00
Silver Membership (for those over 60): \$15.00
Student Membership (proof required): \$15.00

Committee Interests (please select all that apply)

<input type="checkbox"/> Membership	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Communications	<input type="checkbox"/> Programs
<input type="checkbox"/> Public Policy	<input type="checkbox"/> Forum

Or pay via credit card

Credit Card Type (Circle One): Visa AMX Mastercard

Name As It Appears On Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Authorization Signature: _____

I hereby authorize NTAGS to initiate credit card entries to my credit card indicated above. I acknowledge, by signing the authorization signature line that the debit transactions to my credit card must comply with the provisions of U.S. law.