

NEAFM Application for Membership

Name: _____

Title: _____

Organization: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Signature: _____

Date: _____

Fiscal year starts January 1st

Please forward with \$25.00 Annual Fee to:

NEAFM
Secretary/Treasurer 90 Crystal Drive
Rocky Hill, CT 06067