

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:

your mailing address when not at school:

address*: apt:
city:
state/province/shire: zip/postal:
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)*

Preference for: Mail: ☐ permanent ☐ school Email: ☐ personal ☐ 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/province/shire: zip/postal:
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 school 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*