NATIONAL AND NORTH DAKOTA ELIGIBILITY WORKERS ASSOCIATION

To: _____ Date:_____

Your membership for NEW/NDEWA expires effective_____. We hope you will renew your membership. The success of this organization depends on you!

Please complete the form below, enclose your dues, and return to the address provided at the bottom.

MEMBERSHIP ALERT: You are granted a month's leeway from expiration to the **receipt** of your renewal form and check by NDEWA. If your check arrives after the second month of your expiration date, it is considered a new application for membership, not a renewal; and you lose your continuous status.

NATIONAL AND NORTH DAKOTA ELIGIBILITY WORKERS ASSOCIATION

_____/_____Membership Application/Renewal

PLEASE PRINT: Date:_____

Name: _____

Street: _____

City: _____

State: _____ Zip _____

Phone: ( ) _____

Job Title: _____

Is this an address change? Yes ☐ No ☐

Please complete agency information on all memberships

Agency: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: ( ) _____

Email Address: _____

NDEWA Region? Tower Twin Jam/Far Crew Swim

Categories of Employment:

☐Eligibility Work (Technician, etc.)
☐Supervision
☐Management/Administration
☐Education/Training
☐Legislative
☐Other_____

Interest Area: (check one)

☐Automated Systems
☐Policy
☐Supervision
☐Training
☐Certification
☐Administration
☐Casework
☐Other_____

Please check one:

☐New Membership ☐Renewal Membership

1. ☐Nat'l/State Individual Membership = $45
2. ☐Nat'l/State Associate Membership = $45
3. ☐ Nat'l/State Institutional/Agency Membership = $90
   *Name of voting Delegate:_____

Designate Beneficiary for $1000 Life Insurance:_____

Relationship:_____
Address (if different than yours):_____

SEND COMPLETED APPLICATION AND CHECK PAYABLE TO *NDEWA* TO:

Jane Backlund
2568 Pacific Dr. S
Fargo, ND 58103