



**NENA Membership Association Application**

**Applicant's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

To apply for NENA's Association, applicants must agree to the following:

Pay membership annual dues (currently) \$25.00

Participate in at least (4) community meetings.

Participate in at least (2) volunteer activities annually.

**Membership ID#**

**Membership Benefits:**

Computer Usage

Budget & Financial Planning

Resume Assistance

e-newsletter

Referrals for Job placement

Volunteer Services Sign-up

Business Registration

Rebuilding Assessments

Copy and Fax machine

Equipment Usage

**\*\*Free NENA T-shirt\*\***

\_\_\_\_\_  
*Member Signature      Date*

\_\_\_\_\_  
*Staff Signature                      Date*

**\*\* Please contact Leroy Crawford at (504)373-6483 if you have any questions or concerns.**