



2025 Membership Application

Name: _____ Title: _____

Town/City or Company Name: _____

Mailing Address: _____

Town/City: _____ State: _____ Zip: _____

Work Phone: _____

E-mail Address: _____

Please Indicate Type of Membership: (check only one)

- Municipal Membership** (\$35.00)
- Affiliate Membership** (\$50.00)
- Retiree Membership** (\$10.00)

Please enclose a check made out to New Hampshire Road Agents Association, for the appropriate amount and mail with this application to:

NH Road Agents Association
c/o New Hampshire Municipal Association
25 Triangle Park Drive / Concord, NH 03301
Email: nhroadagents@nhmunicipal.org