

# Application for Membership

I \_\_\_\_\_ hereby make application for membership

In the NMPGIA Association for Fiscal Year: May 1, 20 \_\_\_\_\_ to May 1, 20 \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Office Hours: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Office E-mail: \_\_\_\_\_

Office Web Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home: E-mail: \_\_\_\_\_

Home Web Address: \_\_\_\_\_ Spouse: \_\_\_\_\_

Type of Membership applied for: ( ) Active Membership ( ) Sponsor ( ) Associate ( ) Retiree -Other

Type of License Applicable: ( ) Plumber ( ) Gasfitter ( ) Master ( ) Journeyman ( ) Mechanical

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**INSPECTORS ONLY ( ) Part Time ( ) Full Time**

Inspection Hours: \_\_\_\_\_ Population: \_\_\_\_\_

Wages, minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

Percentage: \_\_\_\_\_

Car Allowance: \_\_\_\_\_ Other

Perks: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Sponsor's Name: \_\_\_\_\_