



Membership Application
Membership to the National Organization of
Professional Hispanic NRCS Employees is open to all NRCS employees.

Please complete, sign and mail with payment to: **Rocemi Morales, P.O. Box 466 Ashland, OH 44805**

Choose Type of Membership

<p>Lifetime Membership (\$500.00) 1 payment - (\$500.00) 2 payments - (\$250.00) 4 payments - (\$125.00) 5 payments - (\$100.00) 8 payments - (\$62.50) 10 payments - (\$50.00)</p>	<p>Institutional - \$250 Any organization which subscribes to the purpose of the organization is eligible for membership after approved by vote of the voting membership.</p>
<p>1-Year Membership - \$30.00 (Charter) Same as regular membership, but only available for founding members of NOPHNRCSE.</p> <p>Payroll Deduction Check enclosed</p>	<p>Associate - \$15.00 Any person who has rendered notable service to the objectives of the organization may be granted associate membership upon a vote by ballot of three-fourths of the members present and voting at the annual meeting of the organization.</p>
<p>1-Year Membership - \$30.00 (Regular) Any person eligible for regular membership under the constitution shall be deemed a member upon payment of current and annual dues.</p> <p>Payroll Deduction Check enclosed</p>	<p>Student - \$10.00 Student currently enrolled in an institution of higher learning.</p>
<p>New member Renewal</p> <p>If new, how did you find out about NOPHNRCSE? (name of individual): _____</p>	<p>Have you changed your address, region, or other information? Use the Personal Information space below to enter new information.</p>

Personal Information (* Required fields)

Mr. Mrs. Ms. Miss. *First Name: _____ M.I.: ____ * Last Name: _____

* Job Title: _____ * Job Series: _____ * Agency: _____

* Home Address: _____

* City: _____ * State: _____ * Zip: _____

* Phone: (____) _____ * Home E-mail: _____

Region: Caribbean East Midwest Northern Plains Southeast South Central West

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

YES! I would like to be listed in the organization's directory.

Total Enclosed: \$ _____ **Signature** _____ **Date:** _____
 Make check payable to **NOPHNRCSE**.

NOPHNRCSE membership dues are effective for one calendar year (January to December).
USDA-NRCS prohibits the use of government franked envelopes and government postage to be used in submitting membership dues and application forms.

For Official Use Only

Date Received: _____ Check # _____ Payroll _____

National Organization  of Professional Hispanic
Natural Resources Conservation Service Employees

Membership Application

Membership to the National Organization of
Professional Hispanic NRCS Employees is open to all NRCS employees.

OPTIONAL SURVEY

Please complete and mail to: **Rocemi Morales, P.O. Box 466 Ashland, OH 44805**

Personal Information

Mr. Mrs. Ms. Miss. First Name: _____ M.I. ____ Last Name: _____

Job Title: _____ Job Series: _____ Agency: _____

Region: Caribbean East Midwest Northern Plains Southeast South Central West

Gender: M F

Retirement date: _____

Do you speak Spanish? Yes No

Are you a Veteran? Yes No

Do you have a disability? Yes No

Are you a current HEPM? Yes No

Are you a member of other NRCS Professional Organizations? Yes No

Do you have a mentor? Yes No

Are you Hispanic or Latino? Yes No

Race: Black White Asian Native American

For Official Use Only

Date Received: _____