

**NEW ORDER NATIONAL HUMAN RIGHTS ORGANIZATION
MEMBERSHIP APPLICATION**

Office Use Only

Individual Membership (Annual fee: \$50.00)

First Name _____ Middle Initial ____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Home Number _____ Mobile Number _____

Email Address _____

What are your interests?

What organizations do you now belong to or have you belonged to? List any offices held:

List any honors or special achievements you have received: Explain.

Why do you want to join New Order National Human Rights Organization and what can you contribute if you do join?

Do you have or would you need transportation to projects or meetings? YES NO (circle one)

List any concerns, experiences, or anything else you would want us to know:

Monthly membership dues of \$10.00/mo. Dues by the 15th of ea. month.

Payment may be made by cash, check or via paypal

New Order National Human Rights Organization:

P.O. Box 1821

Marietta, GA 30061

www.NONHRO.org

Rev 5.9.15