**Membership Application/Renewal**

Thank you for your Membership application/renewal for the New Mexico Association for Infant Mental Health. We appreciate your support and value your membership in our organization. Your participation and input are very important to us. We are open to feedback from our members, and comments or concerns may be sent to the Board President at president@nmaimh.org, at any time during the year.

Please send this completed form to: [Admin@nmaimh.org](mailto:Admin@nmaimh.org). Membership dues can be paid through PayPal using the same email address.

Or

You may send a check along with this form to the address below.

Name:

Address:

City: State: Zip:

Telephone: Alternate Phone:

\*E-mail Address:

Agency you are employed with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession/Position: Member of WAIMH? Yes ❑ No ❑

\* Your e-mail will be added to the NMAIMH Members listserv. We do not share our email list with anyone.

\***Check here if you do not want email from listserv \_\_\_\_\_\_\_\_**

***Membership Category* *Amount Enclosed***

(Check appropriate category)

\_\_\_\_Regular Membership ($45.00) …….......................................................................................$**\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_Student Membership ($15.00. Please attach copy of your current Student ID)…….....……$**\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_Bundle pricing with IMH Endorsement Renewal ($25.00)…………………………… ……**$\_\_\_\_\_\_\_\_\_\_\_**

Please add my tax deductible contribution NMAIMH....................................................................$\_\_\_\_\_\_\_\_\_\_\_

**TOTAL ENCLOSED** ………………………………………..…**$\_\_\_\_\_\_\_\_\_\_\_**

***Membership period is January 1 through December 31.***