

Date: _____

NAGRA | 1236 North Ave. W. | Missoula, MT 59801
Phone: 406-625-7051 | Email: info@nagra.org | Web: www.nagra.org

Revised 11/2018

Title of Non-Profit Entity

Organization: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Postal Code: _____

Phone: _____ Fax: _____

Website: _____

Primary Contact Information

First Name: _____ Last Name: _____

Title: _____

Email: _____

Additional Contacts

Name: _____ Title _____ Email _____

Name: _____ Title _____ Email _____

Name: _____ Title _____ Email _____

Name: _____ Title _____ Email _____

Primary Organizational Focus

Membership Dues

Associate Member \$475 USD

Sign Here

Primary Contact Signature Date

Payment Information

Please note that transmission of credit card payment information to the NAGRA office by email cannot be accepted due to PCI Compliance standards.

VISA MasterCard Check (payable to "NAGRA") Amount Enclosed: \$ _____

Card number: _____ Exp. Date: _____ CVN Code: _____

Signature of cardholder: _____

Print name of cardholder: _____

Cardholder Phone: _____

Cardholder Address: _____

Mail/Email with payment to:

NAGRA | 1236 North Ave. W. | Missoula, MT 59801
Phone: 406-625-7051 | Email: info@nagra.org

(For office use only)

initials		fin.
date		
OK/CC		
amt. paid		
bal. due		