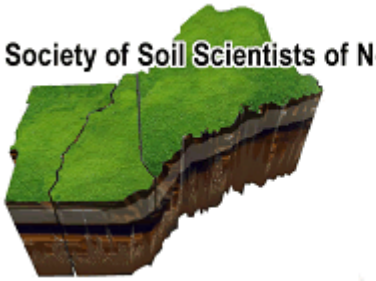

Membership Renewal Form

Please fill in the form below so that we may verify your contact information. To renew, please include the form and your $35 check made payable to SSSNNE and send to :

SSSNNE
c/o Treasurer
PO Box 76
Durham, NH 03824

or

Email your renewal form to sssnne@gmail.com and submit electronic payment to:
https://www.paypal.com/ncp/payment/NEQ5BSVA9L3VJ

First Name:	
Last Name:	
Mailing Address:	
Company or Organization:	
Street Address or P.O. Box:	
City:	
State:	
Zip Code:	
Contact Information:	
Business Phone:	
Home Phone:	
E-Mail:	
Fax:	
Membership Category (Active or Associate):	