Meade Natural Heritage Association (MNHA)

Membership Application

Name: _____ _____ _____ _____ (_____)
FIRST **MI** **LAST** **TITLE** **NICKNAME**

Address: _____ _____ _____
No. **STREET** **CITY**

_____ _____ _____
STATE **ZIP CODE** **E-MAIL ADDRESS**

Phone Number: Home (____) ____-_____ Work (____) ___-_____

Birth Date: ___/___/___ **Occupation:** _____ **Membership Date:** ___/___/___
Month Date Year Month Date Year

Privacy Act Statement
Authority: 5 U.S.C. Section 301
Principal Purpose(s): To utilize in building membership database; to provide home address and telephone number to hunting and fishing authorities in carrying out its operation
Routine Uses: Information may be disclosed to local, state and federal hunting and fishing authorities
Disclosure: Voluntary

Bring MNHA Membership Form When Purchasing Permit

OR

Mail to: MNHA, VP of Memberships, P.O. Box 371, Severn, MD 21144
(Please include check or money order for $10 membership fee)