



41 South Main Street, Concord, NH 03301  
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www.irbonh.org

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### Associate Member Application & Contact Information

(Please complete this form and return it to IRBONH so that we may update our member database)

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Products/Services Offered: \_\_\_\_\_

Special services you would like to see so that we may better represent you:

\_\_\_\_\_

\_\_\_\_\_

Other comments:

\_\_\_\_\_

\_\_\_\_\_

**Please be sure forward a .jpg version of your logo so that we may post it on our website, along with a link to your site!**

Membership Fee:	\$ 1,000.00
Credits/Adjustments:	\$ _____
Total Due:	\$ _____
Amt. Paid:	\$ _____

Membership is valid for 12 months from date of contract signing.

Make checks payable to IRBONH

Date: \_\_\_\_\_ Signature: \_\_\_\_\_