



**The National  
Registry  
Alliance**

PO Box 185653  
Hamden, CT 06518-0653  
contact@registryalliance.org

## Membership Application

**Agency Name** \_\_\_\_\_

**Address 1** \_\_\_\_\_

**Address 2** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Fax** \_\_\_\_\_

**URL** \_\_\_\_\_

**Other URL** \_\_\_\_\_

*Select one Membership Type below:*

Membership Type	Cost	Votes
<input type="checkbox"/> State Registry Membership - functioning registry	\$500	3
<input type="checkbox"/> Regional Registry Membership - functioning registry	\$300	1
<input type="checkbox"/> Associate Membership - registry in the planning and development stage	\$200	1
<input type="checkbox"/> Corporate Membership	\$500	1
<input type="checkbox"/> Non-Profit/Government, State or National Organization - in support of TNRA goals	\$200	1
<input type="checkbox"/> Individual Membership	\$100	1

**Contact Person**

*This individual will become the administrator of the agency account.*

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Password** \_\_\_\_\_

*(no spaces, apostrophe(') or quote(") 25 character limit)*

**Make check payable to:** The National Registry Alliance

**Mail to:** The National Registry Alliance  
PO Box 185653  
Hamden, CT 06518-0653

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**For TNRA use only:**

Date received \_\_\_\_\_ Check Number \_\_\_\_\_

Amount \_\_\_\_\_ Membership ID \_\_\_\_\_