



GRANITE STATE DESIGNERS & INSTALLERS ASSOCIATION
New Hampshire's Association of
Septic System Professionals

Join in one of these four categories!

ACTIVE MEMBER (Installer, designer state permitted/formerly permitted by the State of NH, pumper or certified evaluator)...\$165

ASSOCIATE MEMBER (Installer, designer state permitted/formerly permitted by the State of NH, pumper or certified evaluator, employed by, in partnership with, or a corporate officer in a company currently represented by an active member.....)\$85

AFFILIATE MEMBER (Individuals not licensed as an installer, designer, pumper or certified evaluator but having an interest in the industry and the goals/purposes of the Association).....\$110

PUBLIC SECTOR MEMBER (Individuals employed in governmental agencies, not state permitted, and/or not engaged in the design or installation of septic systems).....\$55

*JOINING BETWEEN September 1 and November 30: Full current year's dues (\$165)
JOINING BETWEEN December 1 and February 28/29: 75% of current year's dues (\$123.75)*

JOINING BETWEEN March 1 and May 31: 50% of current year's dues (\$82.50).

JOINING BETWEEN June 1 and August 31: Pay full current year's dues (\$165) and receive the balance of the dues year plus the full upcoming year for a single fee.

There shall be no proration of dues for associate, affiliate, or public sector members.

MEMBERSHIP APPLICATION

Send completed application form with the appropriate dues to:

Granite State Designers and Installers Association, 53 Regional Drive, Suite 1, Concord, NH 03301

Please register me as a member of the Granite State Designers and Installers Association in the following membership category:

Active Member Associate Member Affiliate Member Public Sector Member

NOTE: Applicants for public sector membership must provide their title and the governmental agency; associate member applicants must provide the name of a current active member within their organization.

NAME _____

AFFILIATION (firm or agency) _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

TEL.# _____ FAX # _____ Email _____

PERMIT/CERTIFICATE NUMBER(S) AS APPLICABLE:

DESIGNER _____ INSTALLER _____ PUMPER _____ EVALUATOR _____

For associate members only: Name of current active member _____