



2010 NOMA Firm Sponsorship Form

Firm/Institution Name _____

Firm/Institution Address _____

City _____ State _____ Zip _____

Contact Name _____ Title/ Position _____

Phone _____ E-mail Address _____

Type of Employer: Private Practice Government Corporate/Industry Education Other

NOMA Membership Category	Fee	Total Members	Total Fee
Professional Registered Architect	<input type="checkbox"/> \$220	_____	_____
Architectural Interns and Associates	<input type="checkbox"/> \$110	_____	_____
Allied Professionals (non-architect)	<input type="checkbox"/> \$220	_____	_____
Students of Architecture (non-practicing)	<input type="checkbox"/> \$35	_____	_____
	TOTAL	_____	_____

I understand that membership fees cover National NOMA membership for the individuals listed on the attached member information sheet for the calendar year of 2010. You must sponsor at least one (1) firm principal and three (3) architectural interns/associates with your firm to be considered a firm member of NOMA. Everyone is eligible to join! Local dues are to be paid separately. Please contact your local chapter for more information.

Signature _____ Date _____

***You may pay your 2010 national dues online by visiting <http://www.noma.net>**

Mail to:
NOMA Headquarters
 c/o Howard University School of Architecture & Design
 College of Engineering, Architecture & Computer Sciences
 2366 Sixth Street, N.W.- Room 100
 Washington, D.C. 20059

Please keep a copy for your records.

Contact NOMA:
 (202) 686-2780
 www.noma.net

membership@noma.net

2010 NOMA Firm Sponsorship
Member Information Form

Principal Name _____ New Member Renew

Address (if different from employer) _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail Address _____ Member Category _____

Select Ethnicity:

African American Hispanic American Native American Asian/ Pacific Islander Other

Name _____ New Member Renew

Address (if different from employer) _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail Address _____ Member Category _____

Select Ethnicity:

African American Hispanic American Native American Asian/ Pacific Islander Other

Name _____ New Member Renew

Address (if different from employer) _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail Address _____ Member Category _____

Select Ethnicity:

African American Hispanic American Native American Asian/ Pacific Islander Other

Name _____ New Member Renew

Address (if different from employer) _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail Address _____ Member Category _____

Select Ethnicity:

African American Hispanic American Native American Asian/ Pacific Islander Other

2010 NOMA Sponsorship
Member Information Form

Name _____ New Member Renew

Address (if different from employer) _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail Address _____ Member Category _____

Select Ethnicity:

African American Hispanic American Native American Asian/ Pacific Islander Other

Name _____ New Member Renew

Address (if different from employer) _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail Address _____ Member Category _____

Select Ethnicity:

African American Hispanic American Native American Asian/ Pacific Islander Other

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City _____ State _____ Zip _____

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Select Ethnicity:

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African American Hispanic American Native American Asian/ Pacific Islander Other