



Northeast Kingdom Collaborative

Membership Form

First Name: _____ Last Name: _____

Organization: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____ Mobile Phone: _____

Email: _____

Web site: _____

Please describe your reason(s) for joining the Collaborative. _____

Are you interested in joining any of the following groups/committees? (*circle or underline*)

Board of Directors	Arts	Conservation	Economic Development
Education	Health Care	Housing	IT/Telecommunications
Leadership & Gov't	Recreation	Transportation	Youth

Are you interested in joining an email exchange (listserv) on any of the following topics? (*circle or underline*)

Collaborative (general)	Arts	Economic Devel.	Education
Grants	Leadership	IT/Telecomm.	Transportation

Please submit the completed form to:

NEK Collaborative
c/o NVDA
76 Lakemont Rd, S-4
Newport, VT 05855