



APPLICATION FOR MEMBERSHIP

Below is the NHWA Application for Membership. Please complete it and send it, along with your payment to the NHWA in the amount of \$395.00, to:

National Home Watch Association
P.O. Box 2359
Murrells Inlet, SC 29576

Pay by Check, Visa or Mastercard



Please also include copies of the following with your application and payment:

- Business license (issued by your state, county, municipality, or other licensing agency)
- Proof of liability insurance
- Proof of bonding
- Proof of Workers' Compensation insurance (if applicable)
- Headshot photo of the principal(s) if you want it included in the press release sent to your local paper. This MUST be in .jpg format.

Although we need both your physical and mailing addresses, if different, please be sure to indicate which address (physical, mailing, or just your city or town) we should list on the NHWA Website.

Also, if paying by credit card, please put the name EXACTLY as it appears on the credit card, and include both the address and phone number associated with the card. (Please note that the NHWA does not retain your credit card information once payment has been processed.)

After we receive your membership application, payment, and supporting documentation, you will receive a phone call from the NHWA for verification of your information.

Thank you. We look forward to your membership in the National Home Watch Association!

For publicity purposes, please submit a short bio. IF YOU WOULD LIKE A PHOTO TO ACCOMPANY THE PRESS RELEASE, please submit a CLEAR HEADSHOT to us in .JPG format.

Name of local newspaper for press release:

Newspaper email address for submission of press release:

Short Bio for press release and NHTA blog posting:

I would like to be considered for a position on the National Home Watch Association's Advisory Board.

I GIVE PERMISSION TO THE NHTA TO VERIFY THE LICENSING AND INSURANCE INFORMATION I HAVE PROVIDED, ALONG WITH CHECKING FOR ANY COMPLAINTS AGAINST MY COMPANY.

I HAVE READ THE NATIONAL HOME WATCH ASSOCIATION'S CODE OF ETHICS AND MISSION STATEMENT.

THE COMPANY MAKING APPLICATION HEREBY AGREES TO ABIDE BY AND UPHOLD THE STANDARDS AND ETHICS SET FORTH BY THE NATIONAL HOME WATCH ASSOCIATION.

By _____
Signature and Date

By _____
Signature and Date

Its _____
Title

Its _____
Title

CHECK ENCLOSED PAYABLE TO THE NHTA for my first annual dues in the amount of \$395.00.

PLEASE CHARGE MY CREDIT CARD for my first annual dues in the amount of \$395.00:

Visa or Mastercard

Signature

Account Number

NAME EXACTLY AS IT APPEARS ON CREDIT CARD

Expiration date: _____
(MM/YYYY)

EXACT ADDRESS ON FILE WITH CREDIT CARD COMPANY:

PHONE NUMBER ON FILE WITH
CREDIT CARD COMPANY:

(Credit card information will not be retained by the National Home Watch Association.)