



NCIM
*an Association of
Certified Meteorologists*

Membership Application Form

Full Name:	
Address 1:	
Address 2:	
City:	
State:	
Country:	
Zip or Postal Code:	
Company Affiliation:	

NCIM Membership Category Requested (check one only please)		
<input type="checkbox"/> Consultant	<input type="checkbox"/> Associate	<input type="checkbox"/> Affiliate

Technical Experience

Academic Record

Professional Affiliations



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Personal / Professional References	
1.	
2.	
3.	
Signature	Date