



# PHNN

## PERSONAL HISTORIANS NORTHEAST NETWORK (PHNN) APPLICATION FOR FULL (PROFESSIONAL) MEMBERSHIP

To be accepted as a full member (professional level) of PHNN and be eligible to have your name/company/area of expertise included on PHNN's *Find a Personal Historian* website page, please complete the following and email to:

Sarah Merrill, PHNN Secretary: [sarah@memoirsbymerrill.com](mailto:sarah@memoirsbymerrill.com)

Your name and full address:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Your name** as you want it to appear on PHNN's "Find a Personal Historian:"

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**Your company name** as you want it to appear on the PHNN site:

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**Website link** as you want it to appear on the PHNN site:

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**Categories of Service:** Please check all categories for which you can provide at least two completed samples of your work.

- |  |   |
|--|---|
| <input type="checkbox"/> Books/Print               | <input type="checkbox"/> Editing                        |
| <input type="checkbox"/> Video                     | <input type="checkbox"/> Proofreading                   |
| <input type="checkbox"/> Audio                     | <input type="checkbox"/> Legacy Letters & Ethical Wills |
| <input type="checkbox"/> Transcription             | <input type="checkbox"/> Other (please explain)         |
| <input type="checkbox"/> Book/Print Graphic Design |   |

**Names (titles)** of two completed products in each category:

Category: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Category: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Category: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Category: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Names and contact information of least one **reference** for each category (specify) in which you work:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The PHNN Membership Team will review your application and follow up as needed. Once you are accepted as a Professional Level Member of PHNN, your name will be listed on the website.

Please note: PHNN is not judging the quality of your work. We want to reassure potential clients that you have experience in your specialty.

Thank you for your interest in and support of PHNN.