



Membership runs from January 1st. to December 31st.

To become a member or renew your membership, simply complete this application form and return with a check for your membership. Payments can also be made online at www.NJAWR.org

NAME 1: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

_____ **New Member** _____ **Renewal**

- | | |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Individual – One (1) year \$ 20.00 | <input type="checkbox"/> Family – One (1) year \$ 35.00 |
| <input type="checkbox"/> Individual – Two (2) years \$ 35.00 | <input type="checkbox"/> Family – Two (2) years \$ 50.00 |
| <input type="checkbox"/> Individual – Five (5) years \$ 80.00 | <input type="checkbox"/> Family – Five (5) years \$ 200.00 |
| <input type="checkbox"/> Individual – Lifetime \$ 250.00 | <input type="checkbox"/> Family – Lifetime \$ 500.00 |

Note: Family Memberships are for two (2) people in the same household. Both full names must be provided.

NAME 2: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

I am also enclosing a contribution in the amount of \$ _____ for a total of \$ _____

I am interested in helping with the following committees:

- Education Membership Medical/Research Legislative Nominating

Please make checks payable to NJAWR and mail to:

NJAWR, c/o Membership 141-1 Rt 130 S, Suite 243, Cinnaminson, NJ 08077

Your membership dollars support the work of the NJAWR

For more information visit www.NJAWR.org