

ASSOCIATE MEMBERSHIP  
APPLICATION - OFFICE RECORD CARD 2010-2011

(circle one) Mr. Ms. Dr.

Name \_\_\_\_\_

Title \_\_\_\_\_

District \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

FOR OFFICE USE ONLY

ID# \_\_\_\_\_

Database \_\_\_\_\_

Website \_\_\_\_\_

ID Card \_\_\_\_\_

---

---

**PAYMENT INFORMATION**

**MEMBERSHIP DUES: \$195**

Please mail THIS ORIGINAL CARD  
along with any corrections and  
appropriate payment to:  
NJASA  
920 W. State St.  
Trenton, NJ 08618

Payment options: \_\_\_ Bill me \_\_\_ Bill my board \_\_\_ Check enclosed \_\_\_ Voucher enclosed \_\_\_ Credit card

We accept: \_\_\_ American Express \_\_\_ Visa \_\_\_ MasterCard Authorized Signature \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

\* If submitting a voucher, return WITH this form. For additional payment options, call Charlotte Duthie (609-599-2900 - X 127).