

PUBLIC RELATIONS/COMMUNICATIONS MEMBERSHIP
APPLICATION - OFFICE RECORD CARD 2011-2012

(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: \$395

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).