

**ACTIVE MEMBERSHIP APPLICATION - OFFICE RECORD CARD 2018-2019**

(Circle One) Dr. Ms. Mr.

Name \_\_\_\_\_

Title \_\_\_\_\_

District \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Twitter Handle \_\_\_\_\_

Year appointed to present position: \_\_\_\_\_

**Home Address:**

\_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Birth Date: Mo \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

Database \_\_\_\_\_

Website \_\_\_\_\_

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

**PLEASE RETURN THIS CARD TO:**

**NJASA  
920 W. STATE STREET  
TRENTON, NJ 08618**

**Dues: .01 of 18-19 salary (to nearest \$5) + \$200 (minimum dues = \$755 + \$200)**

.01 x \_\_\_\_\_ = \$ \_\_\_\_\_ + \$200 \$ \_\_\_\_\_ = \_\_\_\_\_  
           2018-19 salary           dues to nearest \$5           total dues           total amount

Check one:  bill me  bill board  check enclosed  voucher enclosed  payroll deduction  credit card

We accept:  Visa  MasterCard  American Express – Authorizing Signature \_\_\_\_\_

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

**\*If submitting a voucher, please return it WITH this form!**  
**A portion of your dues relates to lobbying and is not tax deductible.**