NJAS Membership Form **Date: / /**

PLEASE PRINT EMAIL ADDRESS CLEARLY

Name_____ New Member / Renewal Accepted by_____

Address _____

City_____ State_____ Zip_____

Phone Number_____

Dues Paid_____ Cash Check Credit Card

Received NJAS Membership Card Yes No

Individual	$25.00/year
Family	$35.00/year
Junior	$15.00/year
Paid Life	$250.00 one time
Corresponding	$20.00/year

Tear off and give bottom half to the new member

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