

INDIVIDUAL MEMBERSHIP FORM

To join ANJEC, please call us at (973) 539-7547 for membership materials, or print and mail this form with payment to: ANJEC, PO Box 157, Mendham, NJ 07945. Thanks for your support!

Name _____

Address _____

Phone: _____ Fax: _____

Email: _____

_____ \$40 Basic Membership

_____ \$50 Friend

_____ \$100 Sponsor

_____ Other contribution of \$ _____

_____ Employer Contribution Match applied for*

_____ I would like to become more involved with ANJEC. Please contact me.

_____ Check enclosed

Please bill my credit card: _____ Mastercard _____ Visa

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Signature: _____

*Please check with your employer to find out if they participate in an Employer Contribution Match program. All contributions are deductible to the full extent of the law.

ANJEC does not sell or trade the names of its supporters or members for fundraising purposes.