

# NJFOS Membership Application Form



## SECTION 1: MEMBER CONTACT INFORMATION

Title: ☐ Mr ☐ Mrs ☐ Miss

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

## SECTION 2: MEMBERSHIP TYPE

- ☐ Yearly Membership – \$75
- ☐ 2-Year Membership – \$123.76 (Save 17.76%)
- ☐ Lifetime Membership – \$250 (Select Hat Option Below)

## SECTION 3: MEMBER DETAILS

Member of other organizations? List all:

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to assist on projects or research? Yes / No

Hat Preference: Flexfit / Snapback

Flexfit Size: Small/Medium or Large/XL

## SIGNATURE & DATE

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PAYMENT INSTRUCTIONS

Make checks payable to:  
NJFOS  
21 West Lincoln Ave.  
2nd Floor #1  
Atlantic Highlands, NJ 07716

## DO NOT WRITE BELOW THIS LINE

Member ID: \_\_\_\_\_

Processed Date: \_\_\_\_\_

Check Number: \_\_\_\_\_