

2017 VOTFNJ MEMBERSHIP DRIVE

I continue to have an interest in the mission of VOTFNJ. Please keep me on your mailing and email lists.

Name(s) _____

Street Address _____

City, State, Zip _____

Phone _____ email address _____

VOTFNJ annual membership is \$35.00 per person

Please find #___ \$35 VOTFNJ Membership(s) enclosed. In my check I have also included an optional additional donation of _____ *Please make your check payable to VOTFNJ.*

Please mail to:

**VOTFNJ
c/o Tina Genest
11 Forest Avenue
Morris Plains, NJ 07950**

Comments or suggestions:

Thank you for your faithful support.