

2019 VOTFNJ MEMBERSHIP

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. In my check is and additional donation of:

\$_____ for VOTFNJ programs and mission.

\$_____ for expenses related to the liturgies I attend at Saint Mark Lutheran Church.

*Please find enclosed my check in the amount of \$_____ payable to **VOTFNJ**.*

Please mail to:

VOTFNJ

c/o Tina Genest

11 Forest Avenue

Morris Plains, NJ 07950

Your comments or suggestions:

THANK YOU!