

VOTFNJ MEMBERSHIP

Name(s) _____

Street Address _____

City, State, Zip _____

Phone _____ email address _____

VOTFNJ annual membership is \$35.00 per person. An included additional donation is welcomed and appreciated.

- *Please find enclosed my check in the amount of \$ _____ payable to VOTFNJ.*
- *Included in my check is an additional donation of \$ _____ for VOTFNJ's mission and programs.*

Please mail to:

**VOTFNJ
c/o Robert Pipchick, Treasurer
3508 Park Place
Springfield, NJ 07081**

Your comments or suggestions:

THANK YOU!