

NORTH JERSEY COMMUNITY CENTER OF THE DEAF, INC.



a non-profit charitable organization

**NEW MEMBERSHIP APPLICATION**

Your membership expires in one year from this month you sign up to join.

**(PLEASE PRINT CLEARLY)**

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

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

\_\_\_\_\_

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

Telephone or Video Phone: \_\_\_\_\_

( ) E-mail Address: \_\_\_\_\_

( ) Don't have e-mail

\$10.00 membership fee for one year

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

Please make your check or money order payable to: **NJCCD, Inc.** and mail this application to:

**Ronald Rozynski**  
**Attn: NJCCD Membership Dues**  
**76 Hoffman Avenue**  
**Lake Hiawatha, NJ 07034-1913**

Your contribution is tax-deductible. Thank you!