

# North Jersey Community Center of the Deaf, Inc.



*a non-profit charitable organization*

## **NEW MEMBERSHIP APPLICATION**

Your membership expires one or two years from this month you sign up to join.

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

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

\_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Tel/VP: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred method of contact for future event information

E-Mail ( ) Mail ( )

( ) **\$ 15.00** membership fee for one year

( ) **\$ 25.00** membership fee for two years **(Save \$5)**

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

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

**NJCCD, Inc. – Membership Dues**

**c/o Ronald Rozynski**

**76 Hoffman Avenue**

**Lake Hiawatha, NJ 07034-1913**

Your contribution is tax-deductible. Thank you!