

NORTH JERSEY COMMUNITY CENTER OF THE DEAF, INC.



a non-profit charitable organization

RENEWAL 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:

NJCCD, Inc.

P.O. Box 3554

Toms River, New Jersey 08756

Or Cash app: \$NJCCD76

Your contribution is tax-deductible. Thank you!