

North Jersey Community Center of the Deaf



A Non-Profit charitable organization

Membership Application

Your membership expires one year from today

RENEWAL-

NEW MEMBER-

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Tel./VP: (____) _____ - _____

Preferred method of contact for event information?

Email () Mail ()

A donation of any size is always appreciated but not necessary

\$10.00 Membership fee

\$_____ Donation (Optional)

Signature: _____ Date: _____

(Your membership expires one year from this date)

If paying by check or money order please make it payable to NJCCD, Inc. and mail this application to:

NJCCD, Inc.- Membership Dues

% Ronald Rozynski

76 Hoffman Avenue

Lake Hiawatha, NJ 07034

Your contribution is tax-deductible. Thank You!