

NORTH JERSEY COMMUNITY CENTER OF THE DEAF, INC.



a non-profit charitable organization

( ) Renewal Member      ( ) New Member

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!