



**Application for Renewal /New Membership**  
**“June 1, 2019 – May 31, 2020”**

**-PLEASE PRINT CLEARLY-**

**Please ignore if you have already paid your dues.**

**CIRCLE ONE:**      **Renewal Member**                      **New Member**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** (     ) \_\_\_\_\_ **CELL:** \_\_\_\_\_  
(Optional)

**E-MAIL ADDRESS:** \_\_\_\_\_

**WORK/FACILITY:** \_\_\_\_\_

**WORK PHONE:** (     ) \_\_\_\_\_ **EXT:** \_\_\_\_\_

**Certified by (check all that is appropriate):** CBSPD: \_\_\_\_\_      IAHCMM: \_\_\_\_\_

**Membership Fees (check one)**

**Management/Technician: \$10.00** \_\_\_\_ **Associate/Vendor) \$25.00** \_\_\_\_ **Retiree: \$0** \_\_\_\_  
(No Charge)

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**Complete this application and mail with check or money order**

**PAYABLE TO NJHCSA MAIL TO:**

**NJHCSA**  
**PO Box 7121**  
**North Arlington, NJ 07031**

**NOTE: To continue to receive mailings membership must be received by May 31<sup>st</sup>**

**OFFICE USE ONLY:**                      **CHECK #** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_ **DATE MAILED:** \_\_\_\_\_