

NEW JERSEY ASSOCIATION OF PLANNING & ZONING ADMINISTRATORS

2018 Membership Application

New Member

Renewing Member

Name: _____ Years in Position: _____

Title: _____ Board: _____

Business Phone: _____ Extension: _____

Business Fax: _____ Municipality: _____

Business Address: _____

_____ County: _____

E-mail: _____

Office Hours: _____ Full-Time Part-Time

If part-time, what days are you in the office? _____

Home Address: _____

Alternate Phone #: _____

Please indicate if you would like to actively participate on any of our committees or projects:

Education

Newsletter

Annual Luncheon

Law & Legislative

Mentor

Membership

Budget

Other: _____

Annual Membership Dues: \$100.00

Please make checks/vouchers payable to:

New Jersey Association of Planning & Zoning Administrators (NJAPZA)

Both the original membership form along with a check/PO should be sent to:

**David Kois, NJAPZA Treasurer
P.O. Box 7186
Hillsborough, New Jersey 08844**

Treasurer Received: _____ Check/PO #: _____

Amount: \$ _____ Forwarded to Membership Chair/CS: _____

