

TECHNICAL ASSISTANTS ASSOCIATION OF SOUTH JERSEY

MEMBERSHIP APPLICATION 2015

DEBBIE SIMONE, PRESIDENT: 856-767-7777 X 316

DEBBIE HODGSON, TREASURER: 609-859-2786

Please complete and return this application along with you're: PERSONAL CHECK,
MONEY ORDER OR MUNICIPAL VOUCHER
PAYABLE TO: **TAASJ**

SEND TO: TECHNICAL ASSISTANTS ASSOCIATION OF SOUTH JERSEY
ATTN: DEBBIE HODGSON, TREASURER
15 SMITH COURT
VINCENTOWN, NJ 08088

YEARLY MEMBERSHIP FEE **\$40.00** PER MEMBER

APPLICATION TYPE: NEW MEMBER: _____ RENEWAL _____

PLEASE TYPE OR PRINT ALL INFORMATION

NAME: _____

POSITION: _____

E-MAIL ADDRESS: (please print exactly as stated ex: small caps, all caps etc):

MUNICIPALITY: _____ WORK PHONE #: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ FAX NO: _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE #: _____ CELL #: _____

APPLICANT'S SIGNATURE _____

*****APPLICATION MUST BE COMPLETED IN FULL TO BE PROCESSED**