

TECHNICAL ASSISTANT ASSOCIATION OF
BERGEN/PASSAIC COUNTY

MEMBERSHIP APPLICATION 2019

Please complete this application and return with your personal check, money order or voucher to: **TA Association Bergen Passaic County**

% Cathy Scancarella
50 Elm Street
Englewood Cliffs, NJ 07632

Dues Amount **\$50.00** Payable: Technical Assistant Association of B/P

_____ New Member
_____ Renewal Application
_____ *Associate Member
_____ *Sponsor Signature _____
_____ **Retired Member

*Associate members must be sponsored by a Certified Technical Assistant who is a paid member of our association
**Retired members no fee required.

Please type or print all information for this section if you currently work for a Municipality.

Name _____

Position _____ Phone # _____ Fax# _____

Municipality _____

Address _____

City _____ County _____ State _____ Zip _____

Business E-Mail Address _____

Personal E-Mail Address _____

Applicant Signature _____

Please type or print all information for this section if you are retired or do not work for a municipality and want to stay active with the association.

Name _____

Home Address _____

County _____ State _____ Zip _____

Home Phone # _____

E-Mail Address _____

Applicant Signature _____

(For Office Use Only)
Date Received _____ Amount _____ Check # _____