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**Central Jersey Technical Assistants
Association**

Annual Membership Application Form

Please check one: New Member Renewal

Name of Member:

Home Address:

City: _____ **State:** _____ **Zip:** _____

Home Phone # _____ **Cell Phone #** _____

Home E-Mail Address:

Municipality or Business Association:

Business Address:

City: _____ **State:** _____ **Zip:** _____

Business Phone # _____ **Business Fax #** _____

Business E-Mail Address:

Applicant Signature:

Dues are \$25.00 per year.

Mail completed application to:

West Windsor Township

Attention: Code Enforcement

PO Box 38

West Windsor, NJ 08550

** NOTE ON OUTSIDE OF ENVELOPE – (CJTAA-DAWN)**