

TECHNICAL ASSISTANTS ASSOCIATION OF SOUTH JERSEY

**MEMBERSHIP APPLICATION 2025**

DEBBIE SIMONE, PRESIDENT: 856-76845-5300 x 2248

DEBBIE HODGSON, TREASURER:

Please complete and return this application along with your: 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**