NORTH JERSEY COMMUNITY CENTER OF THE DEAF, INC.

a non-profit charitable organization

Membership Application

Member due $10.00

Your membership expires in one year from the month you sign.

(_____)

(PLEASE PRINT CLEARLY)

First Name: _____ Last Name: _____

Spouse's full name: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

E-mail: _____

If you actually have no e-mail then VP#: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please make your check or money order payable to: **NJCCD, Inc.** and mail this Membership application to: **NJCCD, Inc.**

P.O. Box 3554
Toms River, New Jersey 08756

Or Cash app: $NJCCD76

Your contribution is tax-deductible. Thank you!