



NORTH JERSEY COMMUNITY CENTER OF THE DEAF, INC.

a non-profit charitable organization

Membership Application

Member due \$15.00

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

(_____)

(PLEASE PRINT CLEARLY)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

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

Signature: _____ Date: _____

Please make your check or money order payable to: **NJCCD, Inc.**
and send along with membership form to:

NJCCD, Inc.
P.O. Box 3554
Toms River, NJ 08756

Your contribution is tax-deductible. Thank you!