

**INSTITUTIONAL MEMBERSHIP APPLICATION/RENEWAL
NEW JERSEY CHAPTER OF APPA
1/1/2010 – 12/31/2010**

Institution

Address

City

State

Zip Code

Office Telephone Number ***Web Address for Department, if not available, College Site info**

Name & Title of Institutional Representative Phone Number E-mail address (very important)

Name & Title of Additional Associate **Phone Number E-mail address (very important)**

Name & Title of Additional Associate **Phone Number E-mail address (very important)**

Name & Title of Additional Associate **Phone Number E-mail address (very important)**

Name & Title of Additional Associate **Phone Number E-mail address (very important)**

Dues: \$100.00 - Institutional \$50.00 - Affiliate

\$100.00 - Associate N/C - Emeritus

Amount Enclosed: \$ _____ **Date** _____

Make check payable to New Jersey APPA

TAX ID # 26-2261819

Please check the box if you do not wish to have your membership information listed in our directory.

Please send completed form and check to:

Jule Raichle
NJAPPA Membership Committee
% Ocean County College
College Drive, PO Box 2001
Toms River, New Jersey 08754-2001

Phone: 732-255-0400 X2441
Fax: 732-255-0533
E-mail: jraichle@ocean.edu