

**INSTITUTIONAL MEMBERSHIP APPLICATION/RENEWAL  
NEW JERSEY CHAPTER OF APPA  
For 1/2009 - 1/2010**

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Institution

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Address

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City

State

Zip Code

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

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

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

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

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

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**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

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