

**NEW JERSEY ASSOCIATION OF PLANNING & ZONING ADMINISTRATORS**

**2017 Membership Application**

New Member

Renewing Member

Name: \_\_\_\_\_ Years in Position: \_\_\_\_\_

Title: \_\_\_\_\_ Board: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Business Fax: \_\_\_\_\_ Municipality: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office Hours: \_\_\_\_\_  Full-Time  Part-Time

If part-time, what days are you in the office? \_\_\_\_\_

Home Address: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

*Please indicate if you would like to actively participate on any of our committees or projects:*

Education

Newsletter

Annual Luncheon

Law & Legislative

Mentor

Membership

Budget

Other: \_\_\_\_\_

**Annual Membership Dues: \$90.00**

**Please make checks/vouchers payable to:**

***New Jersey Association of Planning & Zoning Administrators (NJAPZA)***

**Both the original membership form along with a check/PO should be sent to:**

**Bonnie Imposimato, NJAPZA Treasurer**

**17 Desai Court**

**Freehold, New Jersey 07728-8405**

Treasurer Received: \_\_\_\_\_ Check/PO #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Forwarded to Membership Chair/JZ: \_\_\_\_\_