



**Give the Gift of Membership!**  
Support the NJLHS by sponsoring a relative, friend, coworker or neighbor!  
(Please print clearly)

I, \_\_\_\_\_, would like to sponsor:

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_

State/ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Note (i.e., "Happy Birthday"):

*Membership runs the calendar year.*

Family Membership: \$25.00

Single Membership: \$20.00

Student (under 18): \$10

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Mail to:

NJLHS – Membership

P. O. Box 332

Navesink, NJ 07752-0332