

NJLHS Membership Application Form

Name:

Address: _____

City _____

State: _____

ZIP: _____

Phone: _____ - _____ - _____

Email: _____

Is this membership **NEW** ____ or a **RENEWAL** ____

From time to time we may, with Board approval, make our mailing list available to organizations or companies whose cause or product we believe might be of interest to our members. Please mark whether or not you would like to be included in these mailings in the blanks below. In no case will telephone numbers be given out.

You can include me in third-party mailings: YES ____ NO ____

Please enclose a check for:

\$10 - Student(under 18)

\$20 - Single membership

\$25 - Family membership

payable to:

New Jersey Lighthouse Society, Inc.

Send to:

NJLHS - Membership

P. O. Box 332

Navesink, NJ 07752-0332

(Please print clearly)