

NJLHS Membership Address Change Form

Name: _____

Address: _____

City _____

State: _____

ZIP: _____

Phone: _____ - _____ - _____

Email: _____

Enter new information below

Address: _____

City _____

State: _____

ZIP: _____

Phone: _____ - _____ - _____

Email: _____

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 ___

Send to:

NJLHS – Membership
P. O. Box 332
Navesink, NJ 07752-0332

(Please print clearly)