



Give the Gift of Membership

Support the NJLHS by sponsoring a relative, friend, coworker or neighbor!

I, _____, would like to sponsor:

Name(s): _____

Address: _____

City: _____

State/ZipCode: _____

Phone: _____ Email _____

Special Note."Happy Birthday" etc:

Membership runs for the calendar year.

Family Membership: \$35.00

Single Membership: \$30

Student (under 18): \$10

Check #: _____ Cash Amount _____

Mail to:

NJLHS Membership

P.O. Box 332

Navesink, NJ 07752-0332

NOTE: If you wish to receive a membership card, please enclose a self-addressed stamped envelope with your application. Thanks for helping us save added postage costs.