



NJLHS Membership Application/renewal Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is this application 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.

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

Please enclose a check payable to "New Jersey Lighthouse Society, Inc," for:

\$10 – Student(under 18)

\$30 – Single Membership

\$35 – Family Membership

Send 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*

