



# Membership Application

Annual Membership Dues: \$ 50

Name _____		Position _____	
District/Institution _____			
School Name _____			
School Address _____			
City _____		State _____	Zip _____
Home Address _____			
City _____		State _____	Zip _____
Work Telephone _____		Home Telephone _____	
Work Fax _____		E-mail Address _____	

\*Check preferred mailing address :     Home     Business

**Please provide us with the following information in order to develop a more accurate profile of our membership. Thank you.**

- |   |   |
|---|---|
| <input type="checkbox"/> Elementary Principal, Assistant or Associate | <input type="checkbox"/> <b>North</b> —Bergen, Sussex, Morris, Passaic, Warren, Somerset, Hunterdon, Union, Hudson, Essex |
| <input type="checkbox"/> Secondary Principal, Assistant or Associate  |   |
| <input type="checkbox"/> Teacher                                      |   |
| <input type="checkbox"/> Superintendent                               |   |
| <input type="checkbox"/> Assistant or Associate Superintendent        | <input type="checkbox"/> <b>South</b> - Burlington, Camden, Salem, Gloucester, Cumberland, Cape May, Atlantic             |
| <input type="checkbox"/> Director of Curriculum of Instruction        |   |
| <input type="checkbox"/> District Level Administrator or Specialist   |   |
| <input type="checkbox"/> Supervisor                                   | <input type="checkbox"/> <b>Central</b> - Monmouth, Ocean, Mercer, Middlesex  |
| <input type="checkbox"/> Full Time Student                            |   |
| <input type="checkbox"/> Professor, Dean or Other University          |   |
| <input type="checkbox"/> Other: specify _____                         |   |

Please make check or purchase order payable to NJASCD and return with this form to:

NJASCD  
12 Centre Drive  
Monroe Township, NJ 08831