



MEMBERSHIP & CHARITABLE CONTRIBUTION FORM

Annual Membership Dues: ___ New member ___ Renewal..... \$ 30.00

All membership dues go into the General Fund.

Additional Tax Deductible Contribution: ___ \$30 ___ \$50 ___ \$100 ___ other..... \$

Apply my additional contribution to ___ General Fund ___ High School Scholarship
___ Research ___ Medical School Scholarship

- *The General Fund supports the daily activities of the organization.
*Become a Pillar of NJCFSA: Contribute \$100 or more to the General Fund.
*Contributions will be gratefully acknowledged in the NJCFSA newsletter unless requested otherwise.

Total Membership Fee and Charitable Contribution Enclosed..... \$

(Please note: members who request reduced dues must return this renewal form to continue membership. Please consider that we need your membership dues to continue to provide ongoing services and benefits to our members. Fill in amount paid above. Please indicate why you request reduced dues on the line below.)

Member Information:

Please Circle One: PATIENT SUSPECTED PATIENT FAMILY FRIEND OTHER

New Member (or changes to a current member's) Information:

Name Phone ()

Address County

City State Zip Code

Email

Are you a member of a local NJCFSA support group? If so, which county?

To join our Telephone Support Network so that you can speak with other members, please sign below.

Signature for Telephone Support Network.

Please see other side.

We need your help to keep NJCFSA running smoothly. Listed below are some volunteer opportunities. These can be one time commitments or longer if you are able to help more. Please check all the ways you would be interested in helping us.

- Board member of NJCFSA
- Coordinate Volunteers
- Conference Coordinator
- Conference Committee Member
- Coordinate Newsletter
- Write for newsletter
- Help with mailings
- Post posters and notices in your community
- Advertise our conferences and other events
- Ideas for fundraisers
- Help with fundraisers
- Find corporate sponsors for our conferences and other programs
- Grant writing
- Lead a support group in your area
- Begin an informal phone support group
- Other: Please explain _____

**Please send form and dues to:
NJCFSA, Inc. P.O. Box 477, Florham Park, NJ 07932
Phone 888-835-3677 – <http://njcfsa.org>**