



NJAFPA

New Jersey Association of Federal Program Administrators

FIRST NAME: _____

LAST NAME: _____

JOB TITLE: _____

SCHOOL DISTRICT: _____

SCHOOL DISTRICT ADDRESS: _____

SCHOOL DISTRICT CITY: _____

SCHOOL DISTRICT ZIP: _____

SCHOOL DISTRICT PHONE: _____ Ext: _____

SCHOOL DISTRICT COUNTY: _____

SCHOOL DISTRICT EMAIL ADDRESS: _____

PAYMENT OPTIONS:

PURCHASE ORDER #: _____

PERSONAL CHECK #: _____

REGISTRATION FEE:

ANNUAL MEMBERSHIP **\$150.00**

RETIRED EDUCATOR MEMBERSHIP **\$75.00**

Please fill out form, print and send to:

New Jersey Association of Federal Program Administrators

c/o Sylvia Zircher, Treasurer

PO Box 656

Dayton, NJ 08810