



MEMBERSHIP APPLICATION

Coalition of New Jersey Firearm Owners, a NJ non-profit corporation

All prospective members of CNJFO are required to complete this registration form. Indicate any changes; Membership renews annually from date of application. **NEW MEMBERSHIP** **RENEWAL**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	
NAME					
ADDRESS 1				MAIN TELEPHONE	
ADDRESS 2				WORK TELEPHONE (if different)	
TOWN/CITY				HOME TELEPHONE	
STATE				MOBILE PHONE	
ZIP CODE				PRIMARY EMAIL	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership	\$50	<input type="checkbox"/>
SUSTAINING	Sustaining Membership (2 years)	\$100	<input type="checkbox"/>
LIFE	Life Member	\$300	<input type="checkbox"/>
DONATION	Fill in Donation Amount	\$	<input type="checkbox"/>
PAYMENT METHOD	<input type="checkbox"/> Institutional Check <input type="checkbox"/> Personal Check		

SECTION 3: MEMBER INFORMATION

The information below is for informational purposes only and is not required to process your application for membership

Member NRA: Yes No Would you like to receive NRA membership information? : Yes No

Member other organization? Check all that apply. NJ2AS ANJRPC SAF Other: _____

Do you currently possess a New Jersey Firearms Purchase ID: Yes No

Please indicate if you would be willing to **serve on a committee or project:**

Billboard Yes Not at this time

Justifiable Need Yes Not at this time

Other (please provide details or ideas below) Yes Not at this time

Tee Shirt Size (S,M,L,IX, 2X, 3X, 4X, 5X): _____ Men's _____ Woman's _____

Signature _____

Date _____

Send a check made payable to:

Coalition of New Jersey Firearm Owners
PO Box 768
Sewell, New Jersey 08080

-----DO NOT WRITE BELOW THIS LINE-----

Member Number: _____ Process Date: _____ Check Number: _____