

**Public Works Association of New Jersey
Membership Committee**

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Application for Membership

The primary member fee is \$50.00. The additional membership fee is \$10.00 per individual.

Municipality - _____

County - _____ Region: _____

Address: _____

\$50 Name: _____ Job Title: _____

Phone: _____ FAX: _____

E-Mail: _____

\$10 Name: _____ Job Title: _____

\$10 Name: _____ Job Title: _____

\$10 Name: _____ Job Title: _____

\$10 Name: _____ Job Title: _____

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\$10 Name: _____ Job Title: _____

Total Due: _____ Check enclosed - Y – N Purchase Order - Y – N