

NJCIE

become a member

MEMBERSHIP FEES:

- Annual Memberships
 - Basic Individual \$35
 - Supporting \$50
 - Benefactor \$75
 - Patron \$75
 - School Districts \$100
 - Organizations \$100

Please complete the application to the right and return it along with a check, or credit card information, to NJCIE at the address indicated below.

New Jersey Coalition for Inclusive
Education, Inc.
9 Auer Court, Suite H
East Brunswick, NJ 08816

Phone: 732-613-0400
Fax: 732-390-7696
njcie@NJCIE.net
www.njcie.org

NAME: _____

ORGANIZATION (IF APPLICABLE): _____

ADDRESS: _____

IS THIS YOUR: _____ HOME OR _____ WORK LOCATION?

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____

EMAIL: _____

WORK PHONE: _____ HOME PHONE: _____

CELL PHONE: _____

I AM A: _____ PARENT of a child with a disability, who is presently _____ years old.

(Your child's disability? _____)

_____ PROFESSIONAL _____

_____ OTHER _____

WOULD YOU LIKE TO BE INCLUDED ON OUR MAILING LIST?

_____ YES, I am interested in receiving future mailings.

_____ NO, I do not wish to receive future mailings.

WOULD YOU LIKE TO BE INCLUDED AS PART OF OUR LIST SERV?

_____ YES, include me on the List Serv to receive updates & be part of open discussions among other NJCIE members.

_____ NO, I do not wish to be part of the List Serv, just provide me with NJCIE updates via email.

WOULD YOU LIKE TO VOLUNTEER ON THE FOLLOWING COMMITTEE(S)?

_____ MEDIA GROUP

_____ PUBLIC POLICY

_____ PUBLICITY

_____ FUNDRAISING / MEMBERSHIP

_____ SUMMER INCLUSION CONFERENCE

PAYMENT METHOD:

- PURCHASE ORDER ENCLOSED # _____

(NJCIE TAX ID FOR PURCHASE ORDERS: 22-3389917)

- CHECK # _____ ENCLOSED (PAYABLE TO NJCIE).

- CHARGE TO MY: _____ VISA _____ MASTERCARD

CARD # _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CARD:

SIGNATURE:

We thank you.

Your generous support is greatly appreciated.

MEMBERSHIP FEES AND DONATIONS ARE TAX DEDUCTIBLE