



Membership Application

Name:

First Name: _____ Last Name: _____ MI: _____

Address:

Street: _____ City: _____

State: _____ Zip Code: _____ County: _____

Phone:

Home: _____ Cell: _____

Email: _____

Membership Level: Check One

General Membership - \$35 Premium Membership - \$99 Life Membership - \$500

I hereby apply for membership in the New Jersey Second Amendment Society (hereafter referred to in this document as NJ2AS). In making this application, I have read, understood and agree to subscribe to the purposes and objectives of the NJ2AS as set forth in the Association bylaws, and available for review at www.nj2as.org.

I also certify that my conduct will not be contrary to the purposes, policies or image of the NJ2AS. I agree to abide by the eligibility requirements of the NJ2AS at all times. I further agree to conduct myself in accordance with all applicable laws and in a safe and ethical manner at all meetings, activities, and other events sponsored by the NJ2AS.

I understand that if I fail to uphold the conduct becoming a law-abiding citizen that I may have my membership revoked. I further understand that my membership will not be official until I have returned this completed form and my dues have been received.

Print Name: _____

Signature: _____ Date: _____

Please do not send cash. NJ2AS is a non-profit Corp. Dues and donations are NOT tax deductible. If paying by check, please make check out to NJ Second Amendment Society and mail to the following address:

New Jersey Second Amendment Society
P.O. Box 96
Hightstown, NJ 08520