



New Jersey College & University Public Safety Association, Inc.



2011-2012 Executive Board

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MEMBERSHIP APPLICATION / RENEWAL

(CIRCLE ONE)

Member/Applicant's Name: _____

Institution / Firm: _____

Position: _____

Work Phone No: (____) _____ Fax: (____) _____ Home Phone: (____) _____

E - Mail: _____ Cell Phone: (____) _____ Pager: (____) _____

Address: _____ City: _____

State: _____ ZIP: _____

Signature of CUPSA Sponsor: _____

(Must be an institutional member in good standing)

Membership Categories: _____ Institutional (\$100) _____ Affiliate (\$35)

_____ Associate (\$15) _____ Supporting (\$200)

Signature of Member or Applicant: _____

Send Membership Renewal/Application with payment to:

NJ CUPSA
John M. Collins -Treasurer
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