

**New Jersey College & University
Public Safety Association, Inc.**

2009-2010 Executive Board

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MEMBERSHIP APPLICATION / RENEWAL

(CIRCLE ONE)

Member/Applicant's Name: _____

Institution / Firm: _____

Position: _____

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

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

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)

****Institutional Members Only**** Please indicate if would like your contact information listed with your school on the "Who We Are" page of the NJ CUPSA website, which would include your name, work phone, and email address: Yes _____ No _____

Signature of Member or Applicant: _____

Please forward check payable to NJ CUPSA to:

WILLIAM B. ORTMAN

Campus Safety Director

Caldwell College

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