

2024

Central Jersey Technical Assistants Association

Annual Membership Application Form

Please check one: New Member Renewal

Name of Member: _____

Home Address: _____

Home Phone # _____

City: _____

State: _____

Zip: _____

Cell Phone # _____

Home E-Mail Address: _____

Municipality or Business Association: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Business Phone # Business Fax # Business E-Mail Address: _____

Applicant Signature: _____

- PLEASE DENOTE WHICH EMAIL ADDRESS YOU WOULD LIKE US TO USE FOR INFORMATION

Dues are \$25.00 per year.

Mail completed application to:

West Windsor Township

Attention: Code Enforcement

PO Box 38

West Windsor, NJ 08550

** NOTE ON OUTSIDE OF ENVELOPE – (CITAA-GINA COSMIEN) **