



**New Jersey Highlands Coalition**  
**Application for Voting or Non-Voting Membership**

I am applying for \_\_\_\_\_ **Voting Membership** \_\_\_\_\_ **Non-Voting Membership.**  
(Affiliate) (Associate)

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Fax: \_(\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**FOR VOTING (AFFILIATE) MEMBERSHIP ONLY.** Please provide information on your Delegate and Alternates. The Delegate is the principal person who will represent the organization on the Policy Committee. Alternates may attend meetings along with, or in place of, the Delegate.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Work: \_(\_\_\_\_\_)\_\_\_\_\_

Cell: \_(\_\_\_\_\_)\_\_\_\_\_

Home: \_(\_\_\_\_\_)\_\_\_\_\_

Fax: \_(\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Alternate Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Work: \_(\_\_\_\_\_)\_\_\_\_\_

Cell: \_(\_\_\_\_\_)\_\_\_\_\_

Home: \_(\_\_\_\_\_)\_\_\_\_\_

Fax: \_(\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Alternate Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Work: \_(\_\_\_\_\_)\_\_\_\_\_

Cell: \_(\_\_\_\_\_)\_\_\_\_\_

Home: \_(\_\_\_\_\_)\_\_\_\_\_

Fax: \_(\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Thank you very much. Please return your completed Application and membership dues check to:

New Jersey Highlands Coalition  
508 Main St.  
Boonton, NJ 07005