



**FOR VOTING MEMBERSHIP ONLY.** Please provide information on your Delegate and Alternates (if any). 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: \_\_\_\_\_

Thank you very much. If you are paying by check, please make it out to: New Jersey Highlands Coalition and send it, along with this completed Renewal Form, to 508 Main St., Boonton, NJ 07005, ATTN: Brielle Olshan.