



New Jersey Emergency Communications Team MEMBERSHIP/RENEWAL APPLICATION

(Please print clearly. All information on this form will be kept confidential.)

Application Date: _____

Check one: **Individual Member Application OR** **Renewal** **DUES: \$35.00 per year***

*Save \$5 by including a copy of your valid ARRL membership card.

Associate Member (FREE - No Dues - No voting rights)

Name: _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

***Email Address:** _____

Best Phone number for reaching me is: _____ Cell: Home

Your Amateur Radio Call Sign: _____ **Expires:** _____

You must obtain any class of Amateur Radio License by your first year membership anniversary.

**NOTE: If you do not provide an email address, you may not be notified of important events nor receive regular communications from members or officers of the club. Be sure to join our email list server at NJECT.us.*

As a condition of participation in any program or event agree to abide by the Constitution and By-Laws of the club and to follow the chain of leadership. I waive any and all claims against NJECT, its affiliates and/or agents for injury or damage that may be sustained as an indirect result of my participation in activities. I also agree to hold the New Jersey Emergency Communications Team, its affiliates and/or agents, harmless and indemnify them for any damage, expenses or judgments that may occur as a direct or indirect result of such participation in the activities of the said organization.

Initial Here: _____

NJECT will take photographs of the members and guests for publication in newsletters, bulletins, web sites and promotional material. I, the undersigned, hereby agree to allow the New Jersey Emergency Communications Team to use my picture, image, name, and where applicable for promotion and activity without compensation.

Initial Here: _____

Applicant Signature: _____ Date: _____

Payment: Include \$35 if applying for individual membership along with the completed form to any officer at a meeting or mail to 361 Roosevelt Ave Bayville, NJ 08721 or email: info@nject.us.

Please join the email list server NOW to receive periodic news and updates about activities at the below website!

Website: <http://nject.us>

Received by:	Circle one:	Entered on Roster
Check # Cash:	Accepted or Rejected	
Date:	Date	Date
Member Class	<input type="checkbox"/> Gave <input type="checkbox"/> sent C-B-L	BY