



# New Jersey Emergency Communications Team MEMBERSHIP APPLICATION

Application Date: \_\_\_\_\_

Check one:  NEW Individual Member DUES: \$35.00 per year\*

*\*Save \$5 by including a copy of your valid ARRL membership card. Also, our dues are pro-rated for the year. So just include \$3 per month for the rest of the full months of this year. Membership is open to residents of NJ, NY, PA & DE.*

~OR~

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: \_\_\_\_\_

License Class: \_\_\_\_\_ CW? WPM: \_\_\_\_\_ Are you a VE? Yes  No

*You fields above are mandatory and will only be shared with other club members.*  
*You must obtain any class of Amateur Radio License by your first year membership anniversary.*

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: \_\_\_\_\_

EMAIL THIS FORM TO INFO@NJECT.US

**Payment: Include Payment 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 use PayPal and send to: [treasury@nject.us](mailto:treasury@nject.us).**

~~**IMPORTANT: Be sure to send funds as a FRIEND so there is no fee deducted!**~~

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

Email list server: <https://nject.groups.io/g/main> Website: <http://nject.us> Email: [Info@nject.us](mailto:Info@nject.us)

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