



Patron Membership Form

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMAIL: _____

If this application is for an organization or corporation, please complete the following information:

CONTACT PERSON: _____

TYPE OF BUSINESS (organization or corporation): _____

Annual Membership if \$150.00

Please make checks payable to; NJADONA/LTC and mail to NJADONA/LTC,
40 Revere Place, Ocean City, NJ 08226.

VISA _____ Master Card _____ American Express _____ Check _____

Credit Card Number _____ Exp. Date: _____

Security Code: _____ (Security Code is the three/four digit additional number on the front/back of your credit card.)

Cardholder Name: _____ Cardholder Phone: _____

Cardholder Address: _____

Signature

Email (Primary Contact Person)