

2010 SRH&PS Membership Application Form

Please check one: New Renewal Gift (from _____)

Please print your name clearly as it should appear on the membership listing:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ E-mail: _____

Check here and include a stamped, self-addressed envelope to receive a membership card.

Check here and include your email above if you would like to receive your newsletter via email.

I would like to donate an additional amount of \$_____ (Gifts will be recognized in our newsletter)

The gift is: in honor of in memory of: _____

Total amount enclosed: \$_____ Cash Check (Please make check payable to "SRH&PS, Inc.")

Send your application and dues payment to: **SRH&PS Membership**
P.O. Box 446
South River, NJ 08882

ANNUAL DUES CATEGORIES

Please check one:

- | | |
|--|----------|
| <input type="checkbox"/> Adult | \$10.00 |
| <input type="checkbox"/> Student | \$5.00 |
| <input type="checkbox"/> Family/Couple | \$15.00 |
| <input type="checkbox"/> Business/Corporate | \$25.00 |
| <input type="checkbox"/> Lifetime - Individual | \$250.00 |

My company has a matching gift program.

Company name: _____

Company address: _____

As a tax-exempt corporation, the SRH&PS, Inc. is eligible to receive matching gifts. If your employer participates in such a program, please send a matching gift form with your membership donation. The Society's fiscal year is January 1 to December 31.