

**NEW JERSEY STATE MUNICIPAL PROSECUTORS ASSOCIATION**

P.O. Box 10539 \* Trenton, New Jersey 08650 \* (609) 915-3593 \* www.njsmpa.org



**PLEASE PRINT**

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ **FIRST NAME:** \_\_\_\_\_

MI (Optional): \_\_\_ **LAST NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

(Primary communication for the NJSMPA)

**Currently serving as a Municipal Prosecutor, Alternate or Assistant County Prosecutor:**

Yes \_\_\_ No \_\_\_

**Total Years Prosecuting:** \_\_\_\_\_

**Current County(s) of Municipal Appointments:** \_\_\_\_\_

**Municipal Appointment(s) - Please list all:**

\_\_\_\_\_

\_\_\_\_\_

**Please make \$100.00 (per year) check payable to the NJSMPA**

**Thank you for your interest in becoming a member of the NJSMPA**