

New Jersey State Municipal Prosecutors' Association

MEMBERSHIP APPLICATION/INFORMATION UPDATE

Name: _____

Address: _____

Phone #: _____ Work #: _____

Cell #: _____ Fax # _____

E-mail Address: _____

County(s) of Municipal Appointments: _____

Municipal Appointment (s) list all _____

Total Years Prosecuting: _____

Committee(s) interested in: _____

Please make **\$75.00** check payable to the **NJSMPA** and mail to:

NJSMPA
P.O. Box 3320
Hamilton, NJ 08619
609-915-3593

