



Constitution Party of New Jersey
PO Box 83
Palmyra, NJ 08065
(800) 615-8624
<http://www.constitutionparty-nj.com>

Members and Friends Application

Name _____ Date _____

Address _____ County _____

City _____ ZIP _____ NJ District _____

Phone () _____ Fax () _____

Email _____ Congressional District _____

Member \$ _____

Individual Membership
Household Membership

Annual Fee **\$25**
Annual Fee **\$35**

All members must be registered New Jersey voters. Print or type each member's name:

I/we, the undersigned, agree with the purposes, platform and principles of the CONSTITUTION PARTY of NJ, and pledge to support and promote them to the best of my/our ability.

Supporting Member Monthly \$ _____

A supporting member commits to ongoing monthly support in addition to the regular membership fee. I commit to \$ _____ regular monthly support to begin _____.

Student Member (Full-time Student) Annual Fee \$5 \$ _____

Friend-of-the-Party

I do not want to join at this time, but please keep me informed.

Special Contribution \$ _____

Checks payable to: **CPNJ, PO Box 83, Palmyra, NJ 08065**