



# Caregivers of New Jersey

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Thank you for your interest in becoming a member of Caregivers of New Jersey!  
Please complete and return the information below:

## MEMBERSHIP LEVELS

### FAMILY CAREGIVER MEMBERSHIP - \$20 PER YEAR

- Receive monthly "Caregiver Connection" email newsletter
- Opportunity for advance registration for the Women's Caregiving Retreat
- Receive \$10 discount off of the National Caregivers Conference registration fee

### PROFESSIONAL MEMBERSHIP - \$30 PER YEAR

- Receive monthly "Caregiver Connection" email newsletter
- Receive \$10 discount off of the National Caregivers Conference registration fee

### ORGANIZATIONAL MEMBERSHIP - \$100 PER YEAR

- Receive monthly "Caregiver Connection" email newsletter
- Receive \$10 discount off of the National Caregivers Conference registration fee
- Listed as a Member Organization on the Caregivers of New Jersey website

### PARTNER ORGANIZATION MEMBERSHIP - \$250 PER YEAR

- Receive monthly "Caregiver Connection" email newsletter
- Receive \$10 discount off of the National Caregivers Conference registration fee
- Listed as a Partner Organization on the Caregivers of New Jersey website
- Opportunity to be included in the "Spotlight On..." section of an upcoming issue of "Caregiver Connection"

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Name \_\_\_\_\_ Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Type of Membership:

- Family Membership - \$20       Professional Membership - \$30  
 Organizational Membership - \$100       Partner Organization Membership - \$250

Payment Amount: \_\_\_\_\_

Method of Payment: Check (Payable to Caregivers of New Jersey) \_\_\_\_\_

Visa \_\_\_\_\_ M/C \_\_\_\_\_ Am/Ex \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_