



SOUTHERN NEW JERSEY SECTION DUES RENEWAL FORM

~~~~~ Please return form and payment on or before September 1<sup>st</sup> ~~~~~

**Membership Type**

(for Southern NJ use only)

☐ Standard Member Rate (\$40)

☐ Government Employee Rate (\$25)

Please contact the ASHE SNJ Secretary, Sara Irick, with any questions at [Sara.Irick@fpaengineers.com](mailto:Sara.Irick@fpaengineers.com).

### Pay Online

Pay by credit card online at <https://southernnj.ashe.pro/Membership>. Update your profile information online or return this form via e-mail to the ASHE SNJ Secretary at the address above.

### OR

### Pay Offline

Make check payable to: "ASHE Southern New Jersey" and return this form with payment to: Sara Irick, ASHE SNJ Secretary c/o French & Parrello Associates, One Port Center, 2 Riverside Drive, Suite 503, Camden, NJ 08101.

Name (Required): \_\_\_\_\_  
(first) (middle) (last)

Company (Required): \_\_\_\_\_

Please check the appropriate box to specify your preferred e-mail address:

☐ Company E-mail Address

☐ Home E-mail Address

Complete the below **ONLY** if your contact information has changed in the last year.

**HOME INFORMATION:**

Change in Address: \_\_\_\_\_  
\_\_\_\_\_

Change in Telephone #: \_\_\_\_\_

Change in E-Mail Address: \_\_\_\_\_

**WORK INFORMATION:**

Change in Employer Name: \_\_\_\_\_

Change in Address: \_\_\_\_\_  
\_\_\_\_\_

Change in Work E-Mail Address: \_\_\_\_\_

Change in Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_