



NEW JERSEY PARTNERS:
AGING, MENTAL HEALTH, AND SUBSTANCE ABUSE

A broad-based organization of professionals, older citizens, clients/consumers, and family members.

MEMBERSHIP APPLICATION

January 1 through December 31

MEMBERSHIP CATEGORIES: Please check one.

ORGANIZATIONAL **\$35**

For multiple representatives, please use additional pages of this form to provide contact information.

PROFESSIONAL **\$25**

This category applies to persons who currently work in the fields of aging, mental health or substance abuse.

ASSOCIATE **\$10**

This category is available for retirees, students, consumers, and caregivers.

Name _____

Title/position _____

Organization _____

Mailing address _____

Phone _____

Website: _____

E-mail address _____

Today's date __ __ - __ __ - __ __ __ __

Check here for organization contact info and website to be listed on Partners website

Please make the check payable to NJ Partners.

Mail this form and a check, payable to NJ Partners to:

Health Care Association of NJ
4 AAA Drive, Suite 203
Hamilton, NJ 08691
ATTN: Kathy Fiery

For more information, contact Kathy at Kathy@hcanj.org