



2024 Membership Renewal *Operators*

Operator #1 (primary)

Name: _____ \$90

e-mail: _____

Institution Name: _____

Institution Address: _____

Additional Operators at same institution:

Name: _____ \$60

e-mail: _____

Name: _____ \$60

e-mail: _____

Name: _____ \$60

e-mail: _____

Name: _____ \$60

e-mail: _____

Use additional sheets for additional operators at same institution.

Total: _____

Make checks payable to *AHF NJ*

Mail to: AHF- NJ c/o Jessica Phillips
28 Mendham Avenue
Morristown, NJ 07960