



## 2026 Membership Renewal *Operators*

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### 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