



2019 Membership Renewal *Operators*

Operator #1 (primary)

Name: _____	\$90
e-mail: _____	\$100 after 4/15
Institution Name: _____	
Institution Address: _____	

Additional Operators at same institution:

<input type="checkbox"/> Name: _____	\$60
e-mail: _____	\$75 after 4/15
<input type="checkbox"/> Name: _____	\$60
e-mail: _____	\$75 after 4/15
<input type="checkbox"/> Name: _____	\$60
e-mail: _____	\$75 after 4/15
<input type="checkbox"/> Name: _____	\$60
e-mail: _____	\$75 after 4/15

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