



NEW/RENEWAL MEMBERSHIP

Complete this form and return with your check payable to: ACHS
 Mail to: Membership, PO Box 301, Somers Pt., NJ 08244

ANNUAL MEMBERSHIP CATEGORIES

Membership period: October 1 to September 30

ANNUAL FEE

(Circle your choice)

Individual	\$ 25.00
Family(up to 2 adults, 2 children in household)	\$ 35.00
Non-profit Organization	\$ 50.00
Corporate Partner	\$ 250.00
Corporate Patron	\$ 500.00
Corporate Benefactor	\$ 1000.00

LIFE MEMBERSHIP CATEGORIES

(For individuals age 55 or older)

ONE-TIME FEE

Individual	\$ 250.00
Spouse of current life member	\$ 100.00
Additional tax-exempt donation	\$ _____
TOTAL REMITTANCE	\$ _____

TITLE: (circle one) Mr./Mrs./Ms./Miss/Dr.

MEMBER NAME (s) _____

COMPANY NAME (corporate members) _____

ADDRESS _____

STATE _____ ZIP _____ PHONE (HOME) _____ (CELL) _____

EMAIL ADDRESS _____

INTERESTED IN VOLUNTEER OPPORTUNITIES AT ACHS? *Y/N*