



## 2019 Membership Renewal *Operators*

### Operator #1 (primary)

Name: \_\_\_\_\_ \$90

e-mail: \_\_\_\_\_ \$100 after 4/15

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Additional Operators at same institution:

Name: \_\_\_\_\_ \$60

e-mail: \_\_\_\_\_ \$75 after 4/15

Name: \_\_\_\_\_ \$60

e-mail: \_\_\_\_\_ \$75 after 4/15

Name: \_\_\_\_\_ \$60

e-mail: \_\_\_\_\_ \$75 after 4/15

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 Micek  
28 Mendham Avenue  
Morristown, NJ 07960