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Date

Chairperson: Ryan A. Kastner **NPDCSNJ Membership Form** Organization _____ Vice-Chair: Organization Head ______Title ____ **Darren Blough** Contact Person Title Secretary: Address **Tracey Sharpe** City ______State ____ Zip Code _____ Phone (_____) _____ Ext ____ Fax (____) _____ Treasurer: Primary Email _____ Paul Boland Secondary Email **Board Members:** Website Les Cohen Mission Statement Pamela Collins Robert D'Intino Pam Hisler Matt Jakubowski Geographic County Service Area (check all that apply) Katie Logan Atlantic ___ Burlington ____ Camden ____ Cape May _____ Ira Weissman Cumberland ____ Gloucester ____ Salem ____ Ocean ____ Michael Willmann Is the organization incorporated as a New Jersey non profit? [] Yes [] No [] Pending Executive Director: Nicole A. Nance Is the organization tax exempt as a 501c3? [] Yes [] No [] Pending Federal Employer Identification Number (EIN) ______ Year Founded _____ Operating budget for most fiscal year \$ #Full-Time Employees ____ #Part-Time Employees _ #Board Members _____ #Volunteers _____ All NPDCSNJ staff, board, consultants and affiliates give their expert advice in their respective fields. I agree to NOT hold NPDCSNJ staff, board, consultants and affiliates liable for any professional consultations or advice. We, NPDCSNJ staff, board, consultants and affiliates recommend that members seek legal advice if so necessarv. **Members Agreement:** I agree to this membership package on behalf of: Name of Organization Printed Name and Title

Signature