

# Membership Application

## Instructions

To become a member of the NJSHAPE, please complete the membership application below, and mail your check to:

**Lee O'Leary**  
AtlantiCare Regional Medical Center  
Manager Customer Experience  
1925 Pacific Avenue  
Atlantic City, NJ 08401

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

Position / Title: \_\_\_\_\_

Department: \_\_\_\_\_

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

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

Address 2: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Membership:  Before Feb 1 (this year) - \$150  
 After Feb 1 (this year) - \$175

Status:  New  
 Renewal

Guests:  Guest Fee; \$50 (one time only)

My Total: \_\_\_\_\_

My Check Number: \_\_\_\_\_

Notes, Questions or  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_