



MEMBERSHIP APPLICATION

To be completed for each New Membership or Renewal.

Name: _____

Today's Date: _____

Address: _____

City, ST, Zip: _____

Tel.: _____

Email: _____

Birthdate (MM/DD) _____

Check one:

Student - \$5 Annual Fee

Supporter - \$20 Annual Fee

Family/Couple Supporter - \$30 Annual Fee

Patron - \$50 Annual Fee

Do not publish my name in the Pride Guide

Benefactor - \$100 Annual Fee

Do not publish my name in the Pride Guide

Please send a check made payable to "JCLGO" along with this form to

JCLGO
32 Jones St
Jersey City, NJ 07306

Internal Use Only:

DR: _____ AP: _____

DI: _____ CN: _____