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Membership Officer Information

Please enter contact information for your organization's officers. President, Representative (for Member Organizations only) and Billing Contacts are REQUIRED.

President

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone _____

Email: _____

Representative (Member Orgs Only) *

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone _____

Email: _____

* The Representative will be the Delegate with the Trail Conference and be invited to Voting Member meetings held twice a year.

Billing Contact

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone _____

Email: _____