



## 2024-25 2 For 1 Annual Renewal Incentive

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

Membership # \_\_\_\_\_

Post # \_\_\_\_\_ Post Dues \$ \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Credit card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration date \_\_\_\_\_

3-digit code \_\_\_\_\_

Billing Zip code \_\_\_\_\_

**New members **must** submit a full application!**

**Submit this form via email to Helen at [office@njvfw.com](mailto:office@njvfw.com) or mail to State HQ**

**Any questions can be directed to 609-393-1929 or [office@njvfw.com](mailto:office@njvfw.com)**