

NJASRO Membership Application Form

Last Name: _____ First Name: _____

Dept. or School District: _____ County: _____

Address: _____ Preference: Home Work

City: _____ State: _____ Zip: _____

Work Phone _____ Fax: _____

Home Phone (optional) _____ E-mail _____

Rank/Position: _____

Please Indicate SRO Training Certificate Information (Not a Condition for Membership)

1. Basic SRO	Date _____ / _____ / _____	Yes	No
2. Advanced SRO	Date _____ / _____ / _____	Yes	No
3. Practitioner/Instructor	Date _____ / _____ / _____	Yes	No
4. I require SRO Training	Date _____ / _____ / _____	Yes	No
I have attended the new State Mandated Safe Schools Resource Officer Training		Yes	No

Payment Method (Please check one)

Money Order _____ Cashier's Check _____ Personal Check _____ Purchase Order _____

If paying by Purchase Order, please provide the P.O. Number: _____

Signature: _____ Date _____

Membership year is for one year from date of receipt of dues.
Complete all fields, enclose \$25.00 membership fee and submit to:
New Jersey Association of School Resource Officers
P.O. Box 2103, Fort Lee, NJ 07024

Please contact Liz Scanlon at (973) 486-9453 or e-mail escanlon.njasro@gmail.com with any questions.