

NJ Conservative Party  
15 Terrace Road  
Boonton Twp., NJ 07005-9429  
**MEMBERSHIP APPLICATION FORM**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home County: \_\_\_\_\_ State Election District # \_\_\_\_\_

Telephone #(Home): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Work #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fax #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Are you a registered voter? \_\_\_\_\_

When did you last vote? \_\_\_\_\_

I hereby request membership in the New Jersey Conservative Party(i.e. NJCP). I have also completed the Voter Declaration of Party Affiliation declaring that I am ONLY affiliated with the NJCP(I understand that I am to submit a copy of the Party Affiliation form to my county Board of Elections). I pledge not

to vote in a Democrat or Republican Primary Election, while I am entitled to vote in all NJCP conventions. I understand that I am entitled to full voting privileges upon approval of this membership application.

Signed: \_\_\_\_\_  
Applicant

Signed: \_\_\_\_\_  
Secretary/Treasurer

I have enclosed a voluntary contribution of \$ \_\_\_\_\_

Note: There are no dues required, but the NJCP encourages you to make a voluntary contribution of \$20.00 or more to help us with expenses.

Please print out and complete this form. Make out all checks to “NJCP” and send your application, a copy of your voter affiliation form, and your check to: NJ Conservative Party  
15 Terrace Road  
Boonton Twp., NJ 07005-9429