



**NISOA AUXILIARY APPLICATION  
FOR MEMBERSHIP**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SHIRT SIZE: (CIRCLE ONE) SMALL MED LARGE X-LARGE

COLOR PREFERENCE: (CIRCLE ONE) LIGHT BLUE WHITE

MEMBERSHIP FEE: \$50.00 Make check payable to NISOA

Form and payment due to:

Mary Van de Vaarst

1030 Ohio Ave

Cape May, NJ 08204

Questions contact: Mary Van de Vaarst – [1maryvan@comcast.net](mailto:1maryvan@comcast.net)

Debbie Westcott – [debra.wescott@bms.com](mailto:debra.wescott@bms.com)