



The Concerned Citizens of Roselle Park

Annual Membership \$5
(Make checks payable to *The Concerned Citizens Of Roselle Park*)

Name: _____

Address: _____

Phone: _____ (Home) _____ (Cell)

E-Mail: _____ Date Of Birth: _____

Are you a resident of Roselle Park? Yes No

Do you operate a business or work in Roselle Park? Yes No

Have you ever worked for the Borough of Roselle Park or affiliated professionals, or have you ever sat on any Roselle Park boards or committees? If yes, please describe.

I, the undersigned, understand that The Concerned Citizens Of Roselle Park reserves the right to admit, deny, or remove any member it believes does not abide by the organization's charter, bylaws, mission statement, or any other governing principle it promotes and adheres to. I attest that the information provided in this application is truthful and absent of any intent to deceive or mislead. I am aware that any false information provided herein may be grounds for denying or terminating my membership at the discretion of the Executive Committee on advice of the Membership Committee.

Applicant's Signature

Date

Please remit to:
Post Office Box 144
Roselle Park, NJ 07204
www.rp-citizens.org
(908) 327-4609