



## **HISTORIC PRESERVATION COMMISSION MEMBERSHIP FORM**

*We appreciate your participation in our organization. Checks are made payable to: Preservation New Jersey*

### Main Contact Information

*First Name*

*Last Name*

*Title*

*Email*

*Phone*

### Preservation Commission Information

*Municipality*

*Address*

*Phone*

*Website*

Question 1. How many Commissioners do you have?

Question 2. Name all Commissioners and their email addressed.

Question 3. Would you be interested in volunteering on a PNJ Committee?

Mail out completed form and check to:

Preservation New Jersey  
PO Box 7815  
West Trenton, New Jersey 08628