



## Central Jersey Military Motor Pool

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### Membership Application

**Name** \_\_\_\_\_

(Please Print)

**Address** \_\_\_\_\_

**Town, State, Zip** \_\_\_\_\_

**Phone-** \_\_\_\_\_

**E-Mail address** \_\_\_\_\_

**MVPA#** \_\_\_\_\_

**Vehicles- 1.** \_\_\_\_\_

**2.** \_\_\_\_\_

**3.** \_\_\_\_\_

**Hobbies:** \_\_\_\_\_

**Send form and \$25.00 to:**

**CJMMP**  
**P.O. Box 322** □ □  
**Iselin, N.J. 08830**