



Central Jersey Military Motor Pool

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 652

Franklin Park, N.J. 08823-0652