



MEMBERSHIP APPLICATION

NAME _____

ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

PHONE: _____

E-MAIL: _____

Enclosed please find \$ _____ for _____ membership(s)

DONATIONS

I would like to make a donation to C.R.A.B. in the amount of \$ _____ to be used for:

_____ Beach Wheelchair Program

_____ Dune Restoration and Beach Stewardship Project

_____ Beach Access Legislation Initiative Project

_____ Access Issues in General

please make check payable to C.R.A.B. Inc. and send along with this form to:

Citizens Right to Access Beaches, C.R.A.B. Inc.
P.O. Box 1064
Point Pleasant Beach, NJ 08742

YOUR PRIVACY IS VERY IMPORTANT TO US. All information supplied on this form will be used for our membership records only and will not be shared with any other organization or entity. Membership cards and other pertinent material will be sent to the address provided above. Questions? E-mail us at : crabnj@yahoo.com Citizens Right to Access Beaches, C.R.A.B. Inc. is registered with the New Jersey Division of Consumer Affairs, Office of Consumer Protection. Our Reg. Charity # CH1108800