



- I wish to Join and become a member of the Council of Black Faculty and Staff of the Richard Stockton College of New Jersey
- Included is my \$15 General Membership fee (Cash or Check) *Make check payable to the Stockton College CBFS*
- RECEIVE information

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 (please print)

*Please Return to: The Richard Stockton College of New Jersey, Attention: CBFS, PO Box 3402, Alloway, NJ 08205*



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