

MEMBERSHIP APPLICATION / RENEWALS

- () **NEW APPLICATION FOR DOTRA MEMBERSHIP - \$10.00/YEAR**
(FILL IN FORM COMPLETELY)
- () **RENEWAL OF DOTRA MEMBERSHIP FOR YEAR _____ CHECK FOR \$10.00 IS ENCLOSED.**
- () **REQUEST FOR LIFE MEMBERSHIP IN DOTRA _____ CHECK FOR \$75.00 IS ENCLOSED.** (_____ converting from annual membership)
- () **CHANGE OF ADDRESS** (FILL IN NAME, ADDRESS – both snail mail and email, AND TELEPHONE NUMBER)

PLEASE ADD YOUR **COMMENTS** FOR INCLUSION IN AN UPCOMING DOTLINE.

If you are interested in receiving the quarterly DOTLINE newsletter electronically, please contact us at DOTRAexpress@yahoo.com.

NAME: _____ TELEPHONE: _____

STREET/PO BOX: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

FORMER UNIT WITHIN NJDOT: _____

YEARS WORKED: _____ YEAR RETIRED: _____

I AM WILLING TO WORK ON A DOTRA COMMITTEE _____

COMMENTS:

SEND MEMBERSHIP APPLICATION / RENEWAL FORM AND CHECK (made out to "DOTRA") TO:

DOTRA, PO BOX 77160, WEST TRENTON, NJ 08628

WEB SITE: DOTRA.org

Revised January 2011