

New Jersey DRE Association
Membership Application 2019



New Member _____ Renewal _____

Name _____ Rank _____

Agency _____

Address _____

Cell Telephone (____) _____ Email _____

Membership Category

____ **Regular Member** - Any person certified by the IACP as a Drug Recognition Expert.

DRE # _____ \$50.00 Annual Association Dues

Check # _____ Purchase Order # _____ Cash _____

N.J. Drug Recognition Experts Assn Tax ID 32-0305439

-----Return Completed Application to-----

N.J. Drug Recognition Experts Assn.
P.O. Box 442
Toms River, NJ 08754