



## THE COUNCIL OF BLACK FACULTY AND STAFF

- 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, Galloway, NJ 08205*

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