

**New Jersey Interdistrict Public School Choice  
Association  
School Year 2017-18 Membership**



**NJIPSCA Membership  
Registration/Renewal Form**

Note: Dues are based on Choice Aid  
(<http://www.state.nj.us/education/stateaid/1718/>)  
Please calculate 1% of your anticipated choice aid. Minimum  
payment is \$100. Maximum payment is \$1,000.

Make Checks Payable to: **NJIPSCA**  
NJIPSCA Tax ID# 46-0952867  
Please print out this form and  
**mail form with payment voucher and/or check to:**

**NJIPSCA**  
**61 Haddon Avenue #290**  
**Westmont NJ 08108**

Please complete the information below:

School District Name: \_\_\_\_\_

Choice Contact Person (and Title): \_\_\_\_\_

Choice Contact Person's Phone Number \_\_\_\_\_

Choice Contact Person's Email Address: \_\_\_\_\_

Name of Superintendent: \_\_\_\_\_

Superintendent's Phone Number: \_\_\_\_\_

District Website Address: \_\_\_\_\_

District Phone Number: \_\_\_\_\_