

New Jersey Interdistrict Public School Choice Association



NJIPSCA Membership Registration/Renewal Form 2023-2024

Note: Dues are based on Choice Aid

(<https://www.nj.gov/education/stateaid/2324/FY24%20GBM%20District%20Details.pdf>)

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

P O Box 263

Haddon Heights NJ 08035

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: _____