



Response Form

Campaign for a Healthier New Jersey

Name: _____

Organization: _____

Street Address: _____

Street Address: _____

Telephone Number: _____

Fax Number: _____

Email: _____



Yes, you may list my organization as a member of the Campaign for a Healthier New Jersey.

Please list my organization as: _____

We are willing to participate in the Campaign in the following ways:

- Write letters to state legislators or the Governor.
- Coordinate your organization's membership to write letters or attend legislative hearings.
- Attend campaign strategy meetings.
- Attend legislative hearings.
- Testify at legislative hearings on the issue.

Please fax this form to (609) 396-9478, or Mail to: Campaign for a Healthier New Jersey
C/o Drug Policy Alliance New Jersey
16 West Front Street, Suite 101A, Trenton NJ 08608