

REQUEST FOR REIMBURSEMENT FOR STUDENT MEMBERSHIP FEE

DATE of REQUEST:	DATE of MEMBERSHIP:	EDUCATIONAL INSTITUTION:	
ITEM DESCRIPTION			AMOUNT
REIMBURSEMENT FOR STUDENT MEMBERSHIP FEE			\$45.00
Attached is: _____ Receipt for payment of examination fee.			
MAKE CHECK PAYABLE TO:			
MAILING ADDRESS (City, State, Zip):			Please Print Clearly

MAIL TO: Bonnie Ivler Student Reimbursement C/O 2 Sherbrooke Lane Morganville, NJ 07751-1314			
PRINT STUDENTS NAME _____			
STUDENTS SIGNATURE _____			
COMPLETE ABOVE PORTIONS ONLY AND MAIL TO CURRENT NJHIMA TREASURER			
TREASURER _____		DATE _____	
CHECK NO. _____		DATE PAID ____/____/____	