

**REQUEST FOR REIMBURSEMENT FOR STUDENT MEMBERSHIP FEE**

<b>DATE of REQUEST:</b>	<b>DATE of MEMBERSHIP:</b>	<b>EDUCATIONAL INSTITUTION:</b>
<b>ITEM DESCRIPTION</b>		<b>AMOUNT</b>
<b>REIMBURSEMENT FOR STUDENT MEMBERSHIP FEE</b>		<b>\$49.00</b>
<b>Attached is:</b>  _____ <b>Receipt for payment of examination fee.</b>		
<b>MAKE CHECK PAYABLE TO:</b>		
<b>MAILING ADDRESS (City, State, Zip):</b>  <div style="text-align: right; font-weight: normal;">Please Print Clearly</div> _____ _____ _____		
<b>MAIL TO:</b>  Bonnie Ivler Student Reimbursement C/O 2 Sherbrooke Lane Morganville, NJ 07751-1314		
<b>PRINT STUDENTS NAME</b> _____  <b>STUDENTS SIGNATURE</b> _____		
<b>COMPLETE ABOVE PORTIONS ONLY AND MAIL TO CURRENT NJHIMA TREASURER</b>		
<b>TREASURER</b> _____ <b>DATE</b> _____  <b>CHECK NO.</b> _____ <b>DATE PAID</b> ____/____/____		