

# Membership Application (Jan 2025 – June 2026)

Ortley Beach Voters and Taxpayers Association, Inc.

<https://www.ortleybeach.org/membership/> (for online registration or membership renewal by credit card)

**Class of Membership:** There shall be two classes of membership.

1. Family Membership who's Members must meet one of the following criteria:
  - a. Owner of real property in the area known as Ortley Beach in the Township of Toms River, New Jersey, or
  - b. A registered voter whose permanent residence is in the area known as Ortley Beach, in the Township of Toms River, New Jersey.
  - c. A Family Membership consists of all family members living at the same address. Such family members are eligible to attend membership meetings and participate in all OBVTA activities.
2. Business Membership for businesses located in Ortley Beach:
  - a. A business membership entitles a single representative from the business to attend meetings, receive communications, and vote on any matters requiring a vote of the general membership.
  - b. Two representatives of the business can participate in OBVTA activities.

Our purpose is to represent all of the residents, property owners, and businesses of Ortley Beach, and your support will help us achieve our goals of getting a fair share of services from the Township of Toms River. Just fill out the form below and bring to the next General Membership meeting or send a check for **\$30** to:

**OBVTA**  
**P. O. Box 223**  
**Lavallette, NJ 08735**  
**PH# 908-812-6593**

**PLEASE PRINT**

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**Family or Business Name(s):** Last \_\_\_\_\_ **First:** \_\_\_\_\_

**If a business, individual contact name** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

*(Please note that e-mail is the only vehicle used to communicate information to members)*

**Ortley Residential Street Address or Ortley Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Permanent Mailing Street Address (if different):** \_\_\_\_\_

**Mailing City/St/Zip** \_\_\_\_\_

**Best Single Contact Phone # (one only)** \_\_\_\_\_

**2<sup>nd</sup> Member Name (optional):** Last \_\_\_\_\_ **First** \_\_\_\_\_

**2<sup>nd</sup> E-Mail Address (optional):** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_