



## **SAVVERS Card Application Form – Volunteer**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

City/Zip \_\_\_\_\_

### **Spouse Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Please attach a COPY of an id card or document verifying your volunteer organization and your membership.

Attach copy here

Please return this form to:

**SAVVERS Discount Program  
One Bergen County Plaza – 2<sup>nd</sup> Floor  
Hackensack, NJ 07601**