

**The Borough of Jamesburg
Senior Preferred Prescription Savings Card**

Please complete the application and return
with check for membership fee made payable to:

**MUNICIPAL BUILDING
131 PERRINEVILLE ROAD
JAMESBURG, NEW JERSEY 08831**

MEMBERSHIP APPLICATION

Please check one of the following:

Membership Fee (per household)

- 1 year \$20.00
 3 years \$40.00 (get 1 year free!)

CARDHOLDER INFORMATION

Last Name: _____

First Name: _____

Street: _____

City, ST, Zip: _____

Phone: _____

Birthdate: _____

Male/Female: _____

SPOUSE INFORMATION

First Name: _____

Birthdate: _____

Male/Female: _____

By signing below, I attest that the persons above:

- are residents of the Borough of Jamesburg
- are at least 55 years of age AND/OR receive Social Security Disability Benefits
- understand that this is a prescription discount savings card and not an insurance program

Signature: _____

CUT ALONG DOTTED LINE



Please allow 7 to 10 business days for your application to be processed. Your Senior Preferred Prescription Savings Card will be delivered directly to your home via U.S. Mail.

GSPo Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610



www.gspops.com
Toll-Free Customer Service:
1-800-633-0037



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Jamesburg
Senior Preferred
Prescription
Savings Card*

**ANTHONY LAMANTIA
MAYOR**

COUNCIL

**JOSEPH JENNINGS, COUNCIL
PRESIDENT**

BARBARA CARPENTER

CARLOS MORALES

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