

**NJBIA Membership  
Eligibility Guidelines**

# Who Can *Join?*

Membership is available to for-profit and nonprofit businesses and employers in the State of New Jersey. NJBIA memberships are statewide with dues based upon all full-time equivalent employees working in New Jersey. Both full-time and part-time employees, including owners and partners, must be included when calculating the full-time equivalent. All subsidiaries, divisions, branches, etc. located in New Jersey must be included with the application.

Membership is also available to New Jersey-based associations and trade groups, with NJBIA dues based on the number of full-time equivalent paid employees. NJBIA membership benefits, including eligibility to apply for insurance through New Jersey Manufacturers (NJM) Insurance Company, are available only to the paid staff of the association or trade group.

Membership is not available to organizations that represent a labor bargaining group.

State and local entities that derive most of their income from fees are eligible for membership. Membership is not available to any entity primarily supported by local, county, state or federal taxes.

Annual membership dues cover a 12-month period, beginning with the month the membership application is approved. There will be no refund of any part of an employer's dues because of termination of membership during the 12-month period.

Out-of-state employers having a common interest with New Jersey employers regarding New Jersey laws and commerce may apply for an Associate Membership. Please call NJBIA's Membership Department for additional information and the Associate Membership dues schedule.

# NJBIA

**New Jersey Business & Industry Association**

102 West State Street  
PO Box 230  
Trenton, NJ 08602-0230  
609-393-7707  
[www.njbia.org](http://www.njbia.org)

# NJBIA

New Jersey Business & Industry Association

## 2012

# *Membership Application*



## MEMBERSHIP APPLICATION

### Joining is as easy as 1, 2, 3

1. Complete and sign the membership application
2. Choose a payment option
3. Mail or fax application and dues to

**NJBIA**  
**PO Box 230**  
**Trenton, NJ 08602-0230**  
**Fax: 609-503-9108**  
**Phone: 609-393-7707, ext. 238**

Please print clearly:

### COMPANY

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Web Site Address \_\_\_\_\_

Number of NJ employees (full-time equivalent calculating full and part-time) \_\_\_\_\_ Description of business (required—be as specific as possible) \_\_\_\_\_

Type of ownership (choose one):  Sole Proprietor  Limited Liability Company (LLC)  C Corporation  S Corporation  Partnership  Professional Corporation (PC)  Not for Profit

### INDIVIDUALS (Please include e-mail addresses. Also include phone number if different from above.)

1. Membership contact \_\_\_\_\_  
 Name (Mr./Ms. Please circle) \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_ Phone/Extension \_\_\_\_\_
2. Individual to receive annual dues invoice \_\_\_\_\_  
 Name (Mr./Ms. Please circle) \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_ Phone/Extension \_\_\_\_\_
3. President or CEO \_\_\_\_\_  
 Name (Mr./Ms. Please circle) \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_ Phone/Extension \_\_\_\_\_
4. Human Resources \_\_\_\_\_  
 Name (Mr./Ms. Please circle) \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_ Phone/Extension \_\_\_\_\_
5. Public/Government Affairs (if applicable) \_\_\_\_\_  
 Name (Mr./Ms. Please circle) \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_ Phone/Extension \_\_\_\_\_

For companies with multiple locations in New Jersey, please list only NJ branches, subsidiaries, offices, etc. with active employees in New Jersey on a separate sheet and provide the facility name, address, telephone, and fax numbers. When calculating number of NJ employees above, be sure to include individuals employed by all NJ subsidiaries and branches so they may be eligible for membership benefits.

**I have read and fully understand NJBIA membership eligibility guidelines (see reverse side).** Signature (required) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PAYMENT OPTIONS

- Check enclosed for \$ \_\_\_\_\_ made payable to NJBIA.
- Charge \$ \_\_\_\_\_ to  American Express  Visa  MasterCard
- Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_
- Cardholder's Name (print) Mr./Ms. \_\_\_\_\_
- Cardholder's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_
- Cardholder's Signature (required) \_\_\_\_\_

<b>DUES SCHEDULE</b> (effective through 12/30/2012)										Associate
<b>Category:</b>	1	2	3	4	5	6	7	8	9	
Average Number of Employees Working in NJ:	1-24	25-49	50-99	100-249	250-499	500-999	1,000-2,499	2,500-4,999	5,000 +	Call Member Services for Associate Membership dues schedule for out-of-state organizations.
<b>Annual Dues:</b>	<b>\$185</b>	<b>\$370</b>	<b>\$525</b>	<b>\$800</b>	<b>\$1,400</b>	<b>\$1,800</b>	<b>\$3,600</b>	<b>\$6,200</b>	<b>\$8,800</b>	

*For Association use only*

NJBIA Member # \_\_\_\_\_ NJM # \_\_\_\_\_

Staff Codes **03** \_\_\_\_\_ Source Code **03** \_\_\_\_\_

NAICS Code \_\_\_\_\_

SIC Code \_\_\_\_\_