

**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

NJBIA

New Jersey Business & Industry Association

2010

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 [FTE] including 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) _____

DUES SCHEDULE (effective through 12/29/2010)										Associate
Category:	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.
Annual Dues:	\$185	\$370	\$525	\$800	\$1,400	\$1,800	\$3,600	\$6,200	\$8,800	

For Association use only

NJBIA Member # _____ NJM # _____

Staff Codes **03** Source Code **03**

NAICS Code _____

SIC Code _____