



Sign Up Online at [www.njbia.org/join](http://www.njbia.org/join)

1. Complete and sign the membership application.
2. Choose a payment option.
3. Mail or fax application and dues to:  
 NJBIA 10 West Lafayette Street, Trenton, NJ 08608-2002  
 Phone: 609-393-7707, ext. 2673 Fax: 609-503-9108

DUES SCHEDULE (effective through 12/31/2018)													
Average Number of Employees Working in NJ	Student	Individual	1	2-10	11-24	25-49	50-99	100-249	250-499	500-999	1,000-2,499	2,500-4,999	5,000+
<b>Annual Dues*</b>	<b>\$100</b>	<b>\$299</b>	<b>\$325</b>	<b>\$375</b>	<b>\$425</b>	<b>\$600</b>	<b>\$750</b>	<b>\$1,200</b>	<b>\$1,800</b>	<b>\$2,500</b>	<b>\$4,500</b>	<b>\$7,800</b>	<b>\$9,900</b>

For out-of-state organizations wanting to join please call Member Services at 609-393-7707 ext. 2673.

## COMPANY

Company Name				Address			
Phone	Fax	City	State	Zip	County		
Website				No. of NJ employees (full-time equivalent calculating full and part-time)			
Description of business ( <b>Required</b> —be as specific as possible)							
Type of ownership (choose one): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation (PC) <input type="checkbox"/> Not for Profit							

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

Membership Contact	Individual to Receive Dues Invoice	President or CEO	Human Resources	Public/Government Affairs If applicable
First Name	First Name	First Name	First Name	First Name
Last Name	Last Name	Last Name	Last Name	Last Name
Title	Title	Title	Title	Title
E-mail	E-mail	E-mail	E-mail	E-mail
Phone	Phone	Phone	Phone	Phone

For companies with multiple locations in NJ, please list only NJ branches, subsidiaries, offices, etc. with active employees in NJ 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. Applications are all subject to review to determine eligibility.

Signature (required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PAYMENT OPTIONS

<input type="checkbox"/> Check enclosed for \$ _____ made payable to NJBIA.		
<input type="checkbox"/> Charge \$ _____ to <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Card Number:	Exp Date:	CVW#:
Cardholders Name (print)		
Cardholders Address	State	Zip
Signature		

### HOW DID YOU HEAR ABOUT US?

- Email  
 Advertisement  
 Online  
 NJM  
 Other:

Membership dues are non-refundable. \$24.00 of your membership fee is for a subscription to *New Jersey Business* magazine.

## FOR ASSOCIATION USE ONLY

NJBIA Member #:	Staff Codes:	Source Code	NAICS Code	SIC Code
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