



MEMBERSHIP APPLICATION

Firm Name: _____

Contact Name: _____

Primary Service/Product: _____

Mailing Address (include Street Address): _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Email(s) (may include more than one): _____

Website Address: _____

I/We hereby apply for membership in the following category:

Contractor - \$195 Contractor certification # _____ Business Permit # _____

Supplier, Manufacturer, Vendor, Professional or Manufacturer Representative - \$260

Associate, all other (non-voting)* \$150

Membership is available to: retired former members, allied organizations, governmental bodies, educational facility members, students or interested parties who do not derive income from irrigation related sales or contracting, or additional listings per company.

Website link @ \$150 per year for 1st county; \$25 for each additional county (in addition to membership fee, you can purchase this link to connect your website to IANJ website based on your county. You can also add additional counties at a charge of \$25 per county listing)

MAIN COUNTY: _____ ADDITIONAL COUNTIES: _____

TOTAL AMOUNT DUE (dues plus any website links): \$ _____

Payment American Express MasterCard Visa Discover Check# _____ (payable to IANJ)

Card Number: _____ Exp: _____ CVV Code: _____

Name on Card: _____ Title: _____

I/We hereby apply for membership in the Irrigation Association of New Jersey, subject to the Association's bylaws.

I/We hereby certify that all the information provided above is true and correct including my/our dues category.

Authorized Signature: _____

Title: _____ Date: _____

Referred by: _____

Board of Trustee Signature: _____

** This application must be completed and signed and dues payment must accompany application. MEMBERSHIP RENEWAL IS ANNUAL. This form may be duplicated.*

Please return completed application, checks payable to Irrigation Association of New Jersey (IANJ)

Irrigation Association of New Jersey
 PO Box 518
 Mt. Laurel, NJ 08054

Tel: 973-850-3366
 Fax: 856-727-9504

All applications **MUST** be signed by a member of the IANJ and a Trustee of the Board.