



**VENDOR MEMBERSHIP APPLICATION
2020 Annual Dues: \$2500.00**

APPLICANT INFORMATION		
Name of Company:		
Web URL:	Phone:	E-mail:
Current address:		
City:	State:	ZIP Code:
Product or Service:		
CONTACT PERSON		
Name:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Cell Phone:	
CREDIT CARD INFORMATION		
Credit Card Name:		
Billing Address:		Phone:
Card #:	Expiration Date:	Code:
Name on Credit Card:		
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I approve of the credit card charge.		
Signature of applicant:		Date:
<i>Pursuant to IRS Code Section 6033(e), NJAASC hereby provides notice that 17% of membership dues will be allocated to lobbying activities in 2018.</i>		

**Please make check payable to:
NJAASC, Attn: Kelly Biddle, 414 River View Plaza, Trenton, NJ 08611**