



*Irrigation Association of New Jersey*  
**MEMBERSHIP APPLICATION**

Firm Name: \_\_\_\_\_

Primary Service/Product: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

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

- Contractor \$185.00 Contractor certification # \_\_\_\_\_
- Supplier, Manufacturer, Vendor, Professional or Mfg. Representatives \$260.00
- Associate, all other (non-voting)\* \$110.00

\*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.

Principal(s) of Firm: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

I/We hereby apply for membership in the Irrigation Association of New Jersey, subject to the Association's bylaws. I/We certify that all the information provided above is true and correct *including my/our dues category*.

Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Sponsored by: \_\_\_\_\_

Board of Trustee signature: \_\_\_\_\_

This application must be completed and signed. Dues must be included with the application. MEMBERSHIP IS RENEWABLE ANNUALLY. (This form may be duplicated.)

Please return completed application and check made payable to Irrigation Association of New Jersey and mail to: IANJ, 66 Morris Avenue, Suite 2A, Springfield, NJ 07081

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