



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 - \$205 Contractor certification # _____ Business Permit # _____

Supplier, Manufacturer, Vendor, Professional or Manufacturer Representative - \$275

Associate, all other (non-voting)* \$195

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.

MAIN COUNTY: _____ ADDITIONAL COUNTIES: _____

TOTAL AMOUNT DUE: \$ _____

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.

JOIN ONLINE AT www.ianj.com