



505 US Highway 9, Lanoka Harbor, NJ 08734 / Phone: 609.242.7111 / Fax: 609.242.7112
Email: info@njwater.org / Website: www.njwater.org

2024 Associate Membership Form

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Company Website: _____

Primary Contact Person: _____ Title: _____

Primary Contact Email: _____ Primary Contact Phone: _____

List Additional Representative(s) from Your Company

Name: _____ **Title:** _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Alt Phone: _____ Email: _____

Name: _____ **Title:** _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Alt Phone: _____

To Add Additional Company Representatives – Please copy form and complete this section

Lists Products / Services That Your Company Provides: _____

Annual Associate Membership Dues \$600.00 (Includes All Company Employees)

Make Check Payable to: New Jersey Water Association 505 US Highway 9 Lanoka Harbor, NJ 08734	Credit Card: ___ Visa ___ Mastercard ___ American Express ___ Discover
	Card #: _____ Expiration Date: _____ CID#: _____
	Name on Card: _____ Signature: _____
	Card Billing Address: _____

THANK YOU FOR YOUR SUPPORT!