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Email: [info@njwater.org](mailto:info@njwater.org) / Website: [www.njwater.org](http://www.njwater.org)

## 2023 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#: _____
	<b>Name on Card:</b> _____ <b>Signature:</b> _____
	<b>Card Billing Address:</b> _____

**THANK YOU FOR YOUR SUPPORT!**