



505 US Highway 9, Lanoka Harbor, NJ 08734 / Phone: 609.242.7111 / Fax: 609.242.7112  
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## 2022 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 \$560.00 (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!**