



**Membership Application**  
**Be Part of South Jersey's Voice For Progress**  
 O: (856) 228-7500 F: (856) 228-7511

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Website \_\_\_\_\_ Number of Employees \_\_\_\_\_

Type of Business \_\_\_\_\_

Short Business Description \_\_\_\_\_

**Company Representative:** Please list any representatives of your organization that will be involved with the SNJDC. Company representatives will receive all information directly.

**Primary Contact:**

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

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

Email \_\_\_\_\_ Phone: \_\_\_\_\_  
(if different from above)

**Issue Committee Assignments:** Please check the committee(s) this representative would like to join.

Economic & Workforce Development \_\_\_\_ Education & Technology \_\_\_\_ Energy & Environment \_\_\_\_  
 Government Affairs \_\_\_\_ Health Care \_\_\_\_ Marketing/Membership \_\_\_\_  
 Transportation/Aviation \_\_\_\_ Planning Committee: \_\_\_\_\_

**Additional Contact:**

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

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

Email \_\_\_\_\_ Phone: \_\_\_\_\_  
(if different from above)

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**Additional Contact:**

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

Email \_\_\_\_\_ Phone: \_\_\_\_\_  
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**Payment Options:**

Enclosed is a check for \$ \_\_\_\_\_ payable to SNJDC, 900 Route 168, Suite D-4, Turnersville NJ 08012

Charge \$ \_\_\_\_\_ to Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_