



APPLICATION FOR ASSOCIATE MEMBERSHIP

Annual Associate Membership Dues - \$850

(Renewable each January 1st)

Please complete this application and return it with you dues payment in full made payable to: HCANJ, 4 AAA Drive, Suite 203, Hamilton, NJ 08691-1803

PLEASE PRINT OR TYPE

Company Name _____

Address _____

City _____ State _____ Zip Code +4* _____ - _____

Telephone _____ E-mail _____

Fax _____ Website _____

Company description of 25 words or less:

Authorized Representative _____ Title _____

Signature _____ Date _____

Please choose the category or categories below that best describe your company's product or service.

- | | | |
|---|---|---|
| <input type="checkbox"/> Apparel/Footwear/Uniforms | <input type="checkbox"/> Financial Services, including CPAs | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Architects/Construction/Renovation | <input type="checkbox"/> Fire/Safety/Security Systems | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Food/Beverage/Nutrition | <input type="checkbox"/> Paper Supplies |
| <input type="checkbox"/> Billing/Collections | <input type="checkbox"/> Furniture/Interior Design | <input type="checkbox"/> Pharmaceutical or Medical Services/Supplies |
| <input type="checkbox"/> Computers/Communication Systems | <input type="checkbox"/> Group Purchasing | <input type="checkbox"/> Physican Services |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Housekeeping/Laundry | <input type="checkbox"/> Real Estate Appraisals, Sales & Acquisitions |
| <input type="checkbox"/> Dental/Optical Services | <input type="checkbox"/> Incontinence Products | <input type="checkbox"/> Recruitment/Employment |
| <input type="checkbox"/> Diagnostic/X-ray Services | <input type="checkbox"/> Insurance | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Education/Inservice | <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Skin/Hair Care |
| <input type="checkbox"/> Energy/Environmental/Pest Control | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Transportation Sales/Leasing/Repair |
| <input type="checkbox"/> Equipment Sales/Leasing/Service | <input type="checkbox"/> Management Services | |

Associate Membership allows participation on HCANJ committees, an elected board seat for one Associate Member & access to HCANJ mailing lists. Please read the Associate Membership brochure for information on other benefits. Associate Membership does not automatically grant admission to HCANJ Board Meetings or the Annual Convention. In order to attend the Annual Convention, Associate Members must contract for an exhibitor's booth, which is available at a discounted rate.

METHOD OF PAYMENT:

Check or money order enclosed for \$ _____ OR Charge acct. below for \$ _____

MasterCard Visa American Express

Card No. _____ CV2# (on back of card after acct. #) _____ Exp. Date _____

Print Cardholder's Name _____ Signature _____

Questions? Phone 609-890-8700

* If you do not know your Zip + 4, you can find it by entering your address in the "Find Zip Code" section at www.usps.gov