



**PLEASE COMPLETE AND RETURN TO:
NEW JERSEY STATE LEAGUE OF MASTER PLUMBERS, INC.
791 CEDAR STREET, TUCKERTON, NJ 08087**

Membership Application

Name: _____

License #: _____ Business Name: _____

Trading As: _____

Business Address: _____

E-Mail: _____

Business #: _____ Fax #: _____ Home #: _____

Website: _____ Cell #: _____

Home Address: _____

Best time to be contacted: _____ Phone: _____

Are you actively engaged in a plumbing business full time? _____ If yes, how long in business as a Master Plumber? _____

Have you ever been refused membership to one of NJSLMP's local associations? _____

If yes, which Local Association _____

Which Local Association (by County) would you like to join? _____

Do you belong to any other trade related associations? _____

If yes, which association/s? _____

What is your reason for joining our association? _____

Applicants Signature _____ Date _____

Recommended by: _____

Do You Want to Be Listed on our Website? Yes [] No []

*Return with a check for \$250.00 payable to:
New Jersey State League of Master Plumbers, Inc. (NJSLMP)*

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

Liz Moritz, Administrator - 609-296-2116

Toll Free 866-575-8623