

MEMBERSHIP APPLICATION



MONMOUTH COUNTY MASTER PLUMBERS ASSOCIATION

*P.O. Box 74
Howell, New Jersey 07731*

MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

LICENSE NUMBER: B10= _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY _____ ZIP CODE _____

COUNTY _____

BUSINESS PHONE: _____ FAX _____
(MANDATORY)

HOME ADDRESS: _____
(MANDATORY, NO P.O. BOXES)

HOME PHONE: _____
(MANDATORY)

EMAIL ADDRESS: _____
(MANDATORY)

ARE YOU ACTIVELY ENGAGED IN A PLUMBING BUSINESS FULL TIME? _____

HAVE YOU EVER OR ARE YOU NOW A MEMBER OF ANOTHER NJSLMP ASSOC. _____

IF YES WHICH ASSOCIATION: _____

WITH MY SIGNATURE, I AGREE TO ABIDE BY THE BY LAWS OF THE MONMOUTH COUNTY MASTER PLUMBERS ASSOCIATION AND UNDERSTAND THAT VIOLATING THE BYLAWS OF THIS ASSOCIATION SHALL BE JUST CAUSE FOR MY MEMBERSHIP TO BE REJECTED/AND OR TERMINATED BY THE OFFICERS OF THIS ASSOCIATION. I FURTHER AGREE AND CONSENT TO FOREIT ANY AND ALL DUES WHICH I HAVE PAID TOWARD MY MEMBERSHIP.

I ACKNOWLEDGE RECEIPT OF THE MOST RECENT BY-LAWS OF THE MONMOUTH COUNTY MASTER PLUMBERS ASSOCIATION

APPLICANTS SIGNATURE: _____

RETURN CHECK PAYABLE TO M.C.M.P. ASSOCIATION IN THE AMOUNT OF **\$225.00** FOR LICENSED PLUMBERS
RETURN CHECK PAYABLE TO M.C.M.P. ASSOCIATION IN THE AMOUNT OF **\$150.00** FOR WORKING INSPECTORS

IF YOU HAVE QUESTIONS , PLEASE CALL
TONY LEMBO -732-905-8698
LIZ MORITZ-609-296-2116