



New Jersey State League Of Master Plumbers, Inc.

"The Largest State League of Master Plumbers in the Nation"

Membership Application

Name: _____ License#: _____

Business Name: _____

Trading As: _____

Business Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Website Address: _____

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

Are you actively engaged in a plumbing business full time? _____

If yes how long in business as a Master Plumber? _____

Which Local Association (By County) would you like to join: _____

Do you belong to any other trade related organizations? _____

If yes, which association/s: _____

What is your reason for joining the NJSLMP? _____

Who were you referred by? _____

Applicants Signature: _____ Date: _____

Return membership application with a check for \$300.00 payable to:

New Jersey State League of Master Plumbers (NJSLMP)
385 Weymouth Road Buena, NJ 08310

If you have any questions please Call **1-800-306-6715** and choose option #1 for the Membership Committee Chairman