

***New Jersey Association of Physical Plant Administrators
(NJAPPA)
Confidential Application for Business Partner
Membership***

Please print or type all requested information.

Name: _____

Current Title/Position: _____

Company Name: _____

Business Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Business Fax: _____

E-mail address: _____

Primary Geographic Responsibility: _____

An applicant must have two consecutive years with current direct involvement in one of the following primary disciplines (please indicate):

Professional Services _____ Financial _____

Construction _____ Manufacturing _____

Real Estate _____ Consulting _____

Job Description (Please be specific regarding duties and responsibilities) _____

Other memberships, organizations, designations, etc. _____

Education: _____

Reason for desiring membership in NJAPPA _____

What professional contributions can you offer the NJAPPA membership? _____

Please list at least one (1) individual NJAPPA Institution member as a reference:

1. Name: _____

Current Title/Position: _____

Institution Name: _____

Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Business Fax: _____

E-mail address: _____

2. Name: _____

Current Title/Position: _____

Institution Name: _____

Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Business Fax: _____

E-mail address: _____

I hereby request and authorize any person, former employer, and or any business or institution referred to in this application to give any information, and answer any questions asked by NJAPPA concerning my work history, ability, current status or character in connection with this application.

I also agree to answer any questions by the membership committee or NJAPPA's Board members relating to this application. Further, I agree to notify the membership chair if at any time I no longer meet NJAPPA membership requirements as stated in the bylaws.

To the best of my knowledge, the preceding facts and statements are true.

Signature _____ Date _____

NJAPPA Committee involvement is required for new members. Please indicate below which committee or committees you would like to become involved in, in order of preference:

Sponsorship _____

NJAPPA Annual Conference Membership _____

Public Relations _____

Newsletter _____

Education/Training _____

Programs _____

Job Bank _____

Technology _____

Reminder:

Your check for dues must be attached. Please make sure your name appears somewhere on the check.

\$200.00 annual dues for October 2009 – October 2010

All questions must be completed and the check attached for the application to be processed. Please return all completed forms to:

Jule Raichle

NJAPPA Membership Committee

c/o Ocean County College

College Dr., P.O. Box 2001

Toms River, NJ 08754

732-255-0400 ext. 2441

FAX 732-255-0533

jraichle@ocean.edu

Thank you for your interest in NJAPPA!

Word/personal/njappa business partner application