

APPLICATION FORM CORPORATE MEMBERSHIP

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



New Jersey Chapter

3836 Quakerbridge Road, Ste 106
Hamilton, NJ 08619

GENERAL INFORMATION

An invoice for sponsorships will be sent to the contact listed below. Payment is due upon receipt of invoice. Once payment is received, your designated company contact person will receive all pertinent Corporate Membership information.

CONTACT INFORMATION - PLEASE NOTE: THE INFORMATION BELOW WILL BE USED FOR YOUR LISTING ON WEBSITE AND PROGRAM MATERIALS

Mr Ms Dr Other

First Name: _____ Last Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

I understand that this application does not automatically grant NJAAP Corporate Membership and that membership is contingent upon approval by NJAAP. I further understand that NJAAP does not endorse any organization, vendor, service or product and agree that my organization will not make such claims. In addition, I agree not to use any references to NJAAP Corporate Membership on any actual products or labels. The person signing certifies that he/she has the authority to sign this Contract binding the Corporate Member whose name is listed above.

Signature: _____ Date: _____

Annual Membership Dues: \$ 3,000.00

COMPANY DESCRIPTION FOR WEBSITE AND PROGRAM MATERIALS (100 WORDS OR LESS)

If paying by check, please make checks payable to AAP/NJ

Credit Card Payment: VISA Mastercard American Express

Credit Card #: _____ CSV Code: _____ Exp. Date: _____

Signature: _____

Billing address (if different from mailing address)

Return the completed form to AAP/NJ - Fax: 609.842.0015 or email bmulder@aapnj.org.

If you would like to speak about additional Exhibitor and Sponsorship opportunities, please call Bert Mulder, Director of Membership & Events: 609.842.0014 ext. 105