

APPLICATION FORM CORPORATE MEMBERSHIP

New Jersey Chapter

INCORPORATED IN NEW JERSEY

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

50 Millstone Road, Building 200, Suite 130
East Windsor, NJ 08520

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)

Blank lines for company description

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)

Blank lines for billing address

Return the completed form to NJAAP - Fax: 609.842.0015 or email bmulder@njaap.org. If you would like to speak about additional Exhibitor and Sponsorship opportunities, please call Bert Mulder, CMO: 609.842.0014 ext. 105