



APPLICATION FOR ASSOCIATE MEMBERSHIP 2024-2025

I (We), the undersigned, hereby make application for Associate Membership. It is understood and agreed that:

- a) Only Regular Bank Members shall be entitled to vote at meetings of NJBankers, hold office or serve on the Board of Directors, or otherwise determine the policy and administration of the NJBankers.
- b) The dues payment of \$1,699 representing the first year's dues, is due with this application. In the event the application for Associate Membership is not approved, payment will be returned.

- Check enclosed
- Credit Card: Amex VISA MC Discover Amount \$ _____
There is a 3% convenience fee on credit card transactions

Card # _____ Expiration Date: _____ CCV: _____

Cardholder Name: _____ Signature: _____

FIRM NAME: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Number of Employees: _____

Primary Contact: _____ Title: _____ E-mail: _____
(see page 3 to list additional employees)

Website: _____

Does the applicant operate more than one place of business and if so, list all such business locations:

If a corporation, indicate the date and state of incorporation: _____

If partnership or individual, indicate acquisition/starting date of business: _____

List general partner's name, if partnership; principal officers' names, if corporation:

INTERNAL USE ONLY:

PAYMENT RECEIVED: Y or N	PAYMENT TYPE: Check or CC
PROCESSED APPLICATION DATE:	BOARD VOTE DATE:

FIRM NAME: _____

Please provide description of company as it is to appear in NJBankers directory (in 25 words or less):

List names of other trade associations, business leagues and chamber(s) of commerce in which the applicant is a member:

Does the applicant have any judgments outstanding? Yes No

Has the applicant been declared bankrupt during the last seven years? Yes No

Is the applicant involved in litigation with any depository institution? Yes No

If yes, please describe the nature of litigation:

Please list all New Jersey banks that are currently clients of your firm (use attachment, if necessary):

List two credit references:

<u>Firm Name</u>	<u>Contact Address</u>	<u>Phone</u>
------------------	------------------------	--------------

Signed by: _____ Title: _____

Date: _____

Please return completed application to: **New Jersey Bankers Association**
 411 North Avenue East
 Cranford, NJ 07016-2444
 Attention: **Jenn Zorn**, EVP/Education
 and Business Development
 (908) 324-4024
jzorn@njbankers.com

Note 1. The Internal Revenue Service requires that tax-exempt organizations, such as the New Jersey Bankers Association inform their members of the following:
 Dues to the New Jersey Bankers Association are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that the New Jersey Bankers Association engages in lobbying. The non-deductible portion of the New Jersey Bankers Association dues for its 2024-2025 fiscal year, which runs from July 1, 2024 to June 30, 2025, is estimated to be 55%

Note 2. The name of NJBankers shall not be used by any Associate Member as a means for promoting its own business, other than its use indicating the firm is a member of NJBankers.

FIRM NAME: _____

Please provide contact information for those individuals you want included in your company roster.

<input type="checkbox"/> check to acknowledge primary contact	<input type="checkbox"/> check to acknowledge billing/invoice contact
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
CSZ: _____	CSZ: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
CSZ: _____	CSZ: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
CSZ: _____	CSZ: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
CSZ: _____	CSZ: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____

FIRM NAME: _____

Please circle up to five categories below that best describe your products or services for inclusion in NJBankers online Membership Directory.

- Accounting/Audit/Tax Services
- Advertising & Public Relations
- Appraisers
- Architecture/Construction/Design
- Armored Car/Cash Services
- Asset Management
- Asset Recovery
- Asset/Liability Management Consulting
- Bank Equipment
- Bank Owned Life Insurance (BOLI)
- BSA
- Business Intelligence
- CDARS
- Collections (Law/Debt)
- Community Action Program
- Compliance
- Computer Sales/Service
- Computer Software
- Construction/Property Management
- Consulting
- Consulting/HR
- Correspondent Banking
- Credit Card Merchant Processing
- Credit Services
- Data Communications
- Data Processing
- Deposition/Court Reporting
- Depository Programs
- Disaster Recovery
- Document Management
- Document Scanning
- Economic Development
- Electricity Supplier
- Electronic Banking
- Electronic Check Collections
- Environmental Reports/Monitoring
- Executive Compensation
- Financial Services
- Forms
- Gift Cards
- Global Financial Media Firm
- Housing Assistance for Needy
- Human Resources
- Insurance
- Insurance-Auto & Home
- Investment Banking/ Underwriting Investments
- Investments/Capital Markets
- IRAs
- IT Security
- Item Processing
- Legal Services
- Lending Services
- Loan Review
- Mergers & Acquisitions
- Mortgage Brokerage/Banker
- Office Equipment
- Office Supplies
- Overdraft Services
- Pension/401(k) Services
- Printing-Check
- Printing-General
- Professional Development
- Promotional Products
- RE Broker/Management
- Record Storage
- Recruitment Services
- Risk Management
- SBA Programs
- Security/Fraud Services
- Shredding Services
- Signs & ATM Surrounds
- Social Services
- Social Services/Child Care
- Stock Transfer
- Strategic Planning
- Substance Abuse Treatment
- Tape/Media Storage
- Telecommunications
- Title Insurance
- Website Design/Hosting
- Other: _____

Please indicate topics/speakers that NJBankers should consider for its educational programs or publications (optional):

SESSION TITLE: _____

SPEAKER NAME: _____

SESSION SUMMARY: _____

TARGET AUDIENCE: _____