



Serving the industry since 1976

MEMBERSHIP APPLICATION

Organization Name _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Email address _____ ***** IMPORTANT *****

Years in Operation _____ # of Vehicles in Service _____

Organization Type: Non-Profit For-Profit Hospital-Based
 Local Govt / Municipality* Volunteer

Primary Service Area (towns, townships, county) _____

ANNUAL MEMBERSHIP DUES

Bill Annually Auto Bill Monthly (credit card form attached) Bill Monthly

1-5 Vehicles	\$600 annual - \$50 per month
6-10 Vehicles	\$800 annual - \$66.66 per month
11-20 Vehicles	\$1200 annual - \$100 per month
21-30 Vehicles	\$1600 annual - \$133.33 per month
31-40 Vehicles	\$2000 annual - \$166.66 per month
41+ Vehicles	\$3700 annual - \$308.33 per month

SIGNATURE _____ DATE: _____

PRINT NAME _____

*** Municipal applicants, please attach a purchase order.**

****In order to cancel your current membership, you must give the MTANJ 30 days' notice prior to your cancellation date. ****

PLEASE MAIL TO MTANJ, 150 W STATE ST, TRENTON, NJ 08608

OR

FAX TO (609) 392-2664

