

FUEL MERCHANTS ASSOCIATION OF NEW JERSEY
21 Commerce Drive, Suite 202, Cranford, NJ 07016
Phone: 973-467-1400 Fax: 973-467-4066
www.fmanj.org

ASSOCIATE MEMBERSHIP APPLICATION

TO THE BOARD OF TRUSTEES:

We hereby apply for membership in your association, and if accepted, agree to pay dues according to the annual dues schedule listed below. (Membership applications shall be passed upon by the Board of Trustees - Article 13 Sec. 3 of FMA Bylaws).

Next Board of Trustees meeting: _____.

Company: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Company Representative & Title: _____

Officers (& Board of Directors if Applicable): _____

Date of Incorporation or Inception of Business: _____

Type of Business Engaged in: _____

Products and/or Services: _____

Does company engage in the retail/wholesale marketing of motor/heating fuels? Yes No

Are any of the individuals listed above officers or employees of a company engaged in the retail marketing of motor/heating fuels?

Yes No

HVACR ASSOCIATE MEMBER \$450/yr

Does your company engage in HVACR contracting in New Jersey? Yes No

If yes, list name and New Jersey License Number of the Bona Fide Representative:

Name: _____ NJ HVACR BFR License Number _____

REGULAR ASSOCIATE MEMBER (non-fuel) based on the number of employees

1-10 employees = \$330/yr 11-25 employees = \$400/yr Over 25 employees = \$480/yr

REFINER/SUPPLIER \$2,500/yr

Please include check payable to Fuel Merchants Association of New Jersey with application. Dues payments to FMA/NJ are not tax deductible as charitable contributions, but may be deductible as ordinary and necessary business expenses.

Signature: _____ Date: _____