

**MASONRY CONTRACTORS OF NEW JERSEY**  
NEW JERSEY CHAPTER I.C.E.

**APPLICATION FOR MEMBERSHIP**

**CONTRACTOR MEMBER:** *(Masonry Contractor)* **Annual Dues: \$1,000.00**  
The Association is authorized on behalf of our Company to conduct collective bargaining negotiations that will be binding on our Company with the respective crafts that we employ.

**ASSOCIATE MEMBER:** *(Supplier, Manufacturer, Equipment Rental, etc.)* **Annual Dues: \$500.00**  
Associate members are entitled to all services of the Association, but it is further understood that Associate membership is without voting privileges.

**ARCHITECT / ENGINEER CATEGORIES:**

**PROFESSIONAL MEMBER:** *(Architect, Engineer, or faculty)* **Annual Dues: \$65.00**  
Professional members are entitled to all services of the Association, but it is further understood that Professional membership is without voting privileges.

**AFFILIATE MEMBER:** *(Architectural or Engineering Firm)* **Annual Dues: \$300.00**  
Affiliate members are entitled to all services of the Association, but it is further understood that Affiliate membership is without voting privileges.

I, or We, herewith make application for membership in the Masonry Contractors of New Jersey, New Jersey Chapter I.C.E. ("Association"). If elected to Membership, we shall abide by the Constitution and By-Laws of the Association and all amendments that may hereto be ratified as therein provided.

**Please circle appropriate category:**

<b>Masonry Contractor</b>	<b>Supplier</b>	<b>Manufacturer</b>
<b>Equipment Rental</b>	<b>Architect</b>	<b>Engineer</b>
<b>Architectural Firm</b>	<b>Engineering Firm</b>	

**Other***(Describe)*: \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**COMPANY REPRESENTATIVE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **SPONSOR:** \_\_\_\_\_

Mail or fax to Association Office: 3281 Route 206, Suite 2 Bordentown, N.J. 08505, fax (609) 324-1138

**Annual Membership Dues remitted with application must be at least 50% of Annual Dues.**  
**Dues calculated are to be certified by an officer of the Company.**  
**This information is held in the strictest confidence.**  
**Your membership dues are deductible expenses for Federal Income Tax purposes.**  
**Contributions or gifts are not deductible.**