**2023 Associate Membership Dues**

Amount: $300.00

New Membership ❒ Membership Renewal ❒

*Qualifications:*

*Any industry, company, architect, or engineer shall be eligible as an Associate Member.*

Name: Title:

Organization:

Mailing Address:

City: State: Zip:

Phone: Ext. Fax:

Email:

UFC Certification #: UCC License #:

Fire Protection Contractor/Alarm Business Certification/License #:

County Association Name:

(*If not a county association member fill in county declaration for Region Representation*)

Are you an officer in the County Association: ❒ Yes ❒ No

Position Held:

Are you a member of ICC? ❒ Yes ❒ No ICC Membership #:

If you are an ICC member do you wish to declare N.J.F.P.P.A. as your primary ICC Chapter?

❒ Yes ❒ No

Applicant’s Signature:



*Association Office Use*

Voucher/PO #: Check #: Date Received:

Date Approved: Database Posted ❒

Revised 04-2023