

New Jersey Mixed-Use Developers Builder Membership Application

MXD SPONSOR NAME: _____

APPLICANT INFORMATION:

Company Name: _____

Primary Contact: _____

Title: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Has your company ever operated under a different name? Yes No

If yes, please provide name (s): _____

ADDITIONAL CONTACT: *(This contact will receive ONLY electronic communication from MXD.)*

Other Contact: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Annual Builder Membership Dues: \$3,500.00

Enclosed is my check in the amount of \$_____ made payable to "NJBA." **Please write "MXD" in the check memo field and mail check and application to:**

**New Jersey Builders Association
200 American Metro Boulevard, Suite 123
Hamilton, NJ 08619**