AUTOMATIC FIRE ALARM ASSOCIATION OF NEW JERSEY (AFAANJ)
MEMBERSHIP APPLICATION

Membership (*check one*) ☐ **New Member**, or ☐ **Student/AHJ** **Date** _____

Applicant Name _____
Address _____
City _____ **State** _____ **Zip** _____
Telephone (____) ____ – ____

Email Address _____

Company Name _____
Address _____
City _____ **State** _____ **Zip** _____
Telephone (____) ____ – ____

Others within your firm/org that may wish to be added to the mailing list:

Name _____ **Email** _____
Name _____ **Email** _____

Annual Membership fee $250.00

Student/AHJ Membership fee - FREE

All individual memberships cover one non-transferable meal at each of our four yearly and any supplemental virtual meetings. Additional members are welcome for a $65.00 fee at the door.

NOTE: Dues are for the calendar year from Month of membership acceptance. Dues are due within 30 days of receipt of this notice or invoicing and shall be billed quarterly within their membership renewal cycle.

All above applicants must agree to subscribe to the principles and purposes of the **AFAANJ**

Member's signature _____ Date _____

Payments can be made via credit card by contacting Walter Wargacki Jr Treasurer at 973-405-6359
Or
Check made payable to:

AFAA of New Jersey, Inc.
PO BOX 3048
Wallington, NJ 07057