



429 Riverview Plaza
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2024 APPLICATION FOR ASSOCIATE MEMBERSHIP

Date: _____

Please enroll my firm as an Associate Member of the New Jersey Food Council.

Total New Jersey sales volume of my firm for the preceding 12 months was _____.

Check Enclosed: _____ Please Send Invoice: _____ Credit Card Charge: _____ MC _____ VISA _____ AMEX _____

Card #: _____ Exp: _____ Code: _____ Signature _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Business Phone: _____ Cell Phone: _____ Number of NJ Employees: _____

Contact(s):

Name: _____ Title: _____ E-Mail: _____

Name: _____ Title: _____ E-Mail: _____

Check Area of Business: _____ Manufacturer/Distributor _____ Wholesaler _____ Service Company _____ Broker

Briefly list products manufactured or represented; or type of company:

DUES SCHEDULE

<u>SALES VOLUME</u>	<u>DUES</u>
0-1 Million (Startup Rate)	\$338
<i>This category is to serve startup firms only.</i>	
0-5 Million	\$1,155
5-10 Million	\$1,513
10-15 Million	\$3,030
15-20 Million	\$3,782
20-100 Million	\$5,262
Over 100 Million	\$5,628
Wholesale	\$5,464

DUES CHECKS SHOULD BE MADE PAYABLE TO THE "NEW JERSEY FOOD COUNCIL"

Contributions or gifts to NJFC are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. NJFC estimates that the nondeductible portion of your Dues—the portion which is allocable to lobbying—is 15%.

EIN: 22-1863080

Thank you for your support.