NJSBCA

NEW JERSEY SCHOOL BUS CONTRACTORS ASSOCIATION

CONTRACTOR MEMBER APPLICATION

Company Name: _____

Address: _____

Contact Person/Title: _____

Phone: _____ Fax: _____

email _____

Additional Company Contacts (add additional page if necessary)_____

Website: _____

REGULAR DUES PROVIDE MEMBERSHIP FOR ONE YEAR

Fee Schedule as follows:

1-25 Registered Vehicles	$1000
26-50 Registered Vehicles	$1500
51-100 Registered Vehicles	$2500
101-250 Registered Vehicles	$3750
251-500 Registered Vehicles	$5000
501 or more Registered Vehicles	$6000

PAYMENT TERMS:

_____ Option #1: Pay in full by March 1st and receive a 5% discount

_____ Option #2: Pay 50% by March 1st; pay the balance by Sept. 1st.

MEMBERSHIP PAYMENT DUE:$_____

Please make checks payable to: **New JerseySchool Bus Contractors Association**

OR make payment using a credit card.

CREDIT CARD: **Name on card:**

credit card #:

expiry date **security code** **Billing address**

Email application and credit card information to araphael@raphaelbus.com

Mail application with dues paid by check to: NJSBCA
P.O. Box 304
Somerville, NJ 08876