



NEW JERSEY SCHOOL BUS CONTRACTORS ASSOCIATION

CONTRACT MEMBER APPLICATION

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON/TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

EMAIL(S): \_\_\_\_\_

ADDITIONAL CONTACTS (ATTACH SEPARATE SHEET AS NEEDED): \_\_\_\_\_

\_\_\_\_\_

REGULAR DUES PROVIDE MEMBERSHIP FOR ONE YEAR

**Fee Schedule as follows:**

1-25 Registered Vehicles	\$1,000
26-50 Registered Vehicles	\$1,500
51-100 Registered Vehicles	\$2,500
101-250 Registered Vehicles	\$3,750
251-500 Registered Vehicles	\$5,000
501 or more Registered Vehicles	\$6,000

**Pay by Credit Card:**

Name on Card:  
Credit Card Number:  
Expiration Date:            Security Code:  
Billing Address:

**Pay by Check:**

Please make payable to **New Jersey School Bus Contractors Association** and send your completed application along with your check to:

**NJSBCA  
P.O. Box 865  
East Brunswick, NJ 08816**