



# MONMOUTH COUNTY MASTER PLUMBERS ASSOCIATION

*P.O. Box 74  
Howell, New Jersey 07731*

MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

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

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX \_\_\_\_\_  
*(MANDATORY)*

HOME ADDRESS: \_\_\_\_\_  
*(MANDATORY, NO P.O. BOXES)*

HOME PHONE: \_\_\_\_\_  
*(MANDATORY)*

EMAIL ADDRESS: \_\_\_\_\_  
*(MANDATORY)*

ARE YOU ACTIVELY ENGAGED IN A PLUMBING BUSINESS FULL TIME? YES  NO

HAVE YOU EVER OR ARE YOU NOW A MEMBER OF ANOTHER NJSLMP ASSOC. \_\_\_\_\_

IF YES WHICH ASSOCIATION: \_\_\_\_\_

WHAT IS YOUR COMPANY'S SPECIALTY (FOR REFERRALS) \_\_\_\_\_

\_\_\_\_\_

**WITH MY SIGNATURE, I AGREE TO ABIDE BY THE BY LAWS OF THE MONMOUTH COUNTY MASTER PLUMBERS ASSOCIATION AND UNDERSTAND THAT VIOLATING THE BYLAWS OF THIS ASSOCIATION SHALL BE JUST CAUSE FOR MY MEMBERSHIP TO BE REJECTED/AND OR TERMINATED BY THE OFFICERS OF THIS ASSOCIATION. I FURTHER AGREE AND CONSENT TO FOREIT ANY AND ALL DUES WHICH I HAVE PAID TOWARD MY MEMBERSHIP.**

I ACKNOWLEDGE RECEIPT OF THE MOST RECENT BY-LAWS OF THE MONMOUTH COUNTY MASTER PLUMBERS ASSOCIATION

\_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

RETURN CHECK PAYABLE TO M.C.M.P. ASSOCIATION IN THE AMOUNT OF **\$225.00** FOR LICENSED PLUMBERS  
RETURN CHECK PAYABLE TO M.C.M.P. ASSOCIATION IN THE AMOUNT OF **\$150.00** FOR WORKING INSPECTORS

**IF YOU HAVE QUESTIONS, PLEASE CALL**  
*TONY LEMBO -732-905-8698*  
*LIZ MORITZ-609-296-2116*