

**New Jersey Public School Administrators' Business Directory**

35<sup>th</sup> Annual 2008-2009 Membership Application

P.O. Box 53, Trenton, New Jersey 08601-0053

Phone 800-526-0663 • Fax 800-845-9311 • Web [www.schoolbusinessdirectory.com](http://www.schoolbusinessdirectory.com)

Type or print clearly – Complete entire application

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ **IMPORTANT** – Check here if you will accept collect calls from schools.

Address \_\_\_\_\_  
Street City State Zip County

E-Mail \_\_\_\_\_ (if applicable) Web \_\_\_\_\_ (if applicable)  
\*Important for web listing

Primary Products and/or Services \_\_\_\_\_  
Use reverse side to further describe your products and services. A description (25 words or less) may be included.

*Check Desired Geographic Area – (The area(s) your company services/sells to New Jersey schools) Includes web listing.*

- \_\_\_\_ NORTH – Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union, Warren ..... \$445.00
- \_\_\_\_ CENTRAL – Burlington, Mercer, Middlesex, Ocean ..... \$360.00
- \_\_\_\_ SOUTH – Atlantic, Camden, Cape May, Cumberland, Gloucester, Salem ..... \$345.00

SUB TOTAL \$ \_\_\_\_\_

Vendors located in NJ must add 7% Sales Tax NJ 7% Sales Tax \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

***The above Annual Fees include directory listing(s), website listing with links and a copy of the directory.***

Other Purchases

- \_\_\_\_ DISPLAY SPACE – Also available to member vendors, check here to receive information/rates.
- \_\_\_\_ DISKETTE of school addresses – (MUST BE a member vendor to purchase your geographic area) ..... \$13.00
- \_\_\_\_ DIRECTORY PURCHASE (without membership)..... \$125.00

TOTAL AMOUNT DUE \$ \_\_\_\_\_

I hereby apply for membership in the current New Jersey Public School Administrators' Business Directory and enclose herewith my membership fee. I understand that my membership is subject to approval and membership fee returned with no explanation. It is also understood that I retain exclusive right to renewal in each successive issue, provided no adverse information is declared by New Jersey Public School Districts.

Authorized Signature X \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

First Name (print) \_\_\_\_\_ Last Name (print) \_\_\_\_\_  
Membership Applications/Space Reservations will be accepted on the basis of chronological response.

**Make All Checks Payable to New Jersey Public School ABD or Charge to (check one) \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX**

# \_\_\_\_\_ Exp. \_\_\_/\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All Credit Card Sales are Final and are Not subject to Refunds.*