



NJPMS

Corporate Membership APPLICATION



NJPMS Corporate Application

Company Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Web Address: _____

CEO: _____

Marketing Director: _____

Other Representatives/Titles: _____

Principal podiatric product/service: _____

Year company was established: _____ Years active with podiatry: _____

Financial Commitment for one year (*check one*)

Gold Corporate Member (\$2,850) Silver Corporate Member (\$1,750)

Full payment must accompany application. Please make check payable to "NJPMMS"

or pay by: MasterCard VISA American Express Discover

Card No.: _____ Exp. Date: _____

Name on card: _____

Signature: _____

The undersigned understands that participation in the NJPMS Corporate Membership Program requires the corporation to be generally acceptable to the NJPMS membership, committed to the aims and objectives of the podiatric profession and accessible to a broad segment of the profession.

Signature: _____ Date: _____

Print Name: _____