

**SOUTHERN OCEAN COUNTY MASTER PLUMBERS ASSOCIATION**  
**PO BOX 513**  
**PINE BEACH, NJ. 08741**

**MEMBERSHIP APPLICATION**

**Mail completed application, business card, and all remittances to:**

Southern Ocean County Master Plumbers Association  
PO Box 513 Pine Beach, NJ 08741

To the Officers and Members of the Southern Ocean County Master Plumbers Association. I desire to become a member of the So. Ocean County Master Plumbers Association.

Name: \_\_\_\_\_ NJ St. License #: \_\_\_\_\_

Trading As: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone:(\_\_\_\_)\_\_\_\_\_ Fax Number: (\_\_\_\_)\_\_\_\_\_

Home Address: \_\_\_\_\_

Best time to be contacted: \_\_\_\_\_ Tele.number for contact: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Are you actively engaged in plumbing business full time? \_\_\_\_\_ How long: \_\_\_\_\_ years

Have you ever, or do you belong to another NJSLMP Association or been refused? \_\_\_\_\_

If yes, association: \_\_\_\_\_

Do you belong to any other associations? \_\_\_\_\_ If yes, what association:  
\_\_\_\_\_

What is your reason for joining this association? \_\_\_\_\_

Applicant's signature:

\_\_\_\_\_

Date \_\_\_\_\_

Recommended by: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL:**

Randy Laing 609-349-3223  
Barry Ward 609-693-6389

**Membership Dues - \$300.00/Yr. Please Make Check Payable:**

So. Ocean County Master Plumbers Association, Inc.