



New Jersey Association of Homes and Services for the Aging
 13 Roszel Road, Suite C200
 Princeton, NJ 08540
 609-452-1161
 (fax) 609-452-2907
 www.njahsa.org

BUSINESS ASSOCIATE MEMBERSHIP APPLICATION

Company Name _____
 Address _____
 City/State/Zip Code _____
 Phone #: _____ Fax #: _____ E-Mail: _____
 Web Page Address: _____

Primary Contact Person

Title

Briefly describe the service/product you provide: _____

Do you own or manage a residential facility for senior citizens in New Jersey? Yes ___ No ___

In another state? Yes ___ No ___ If yes, what state(s)? _____

Is the facility(ies)? Non-Profit ___ Proprietary ___

Signature

Print Name & Title

Date

Return the signed application with your \$750 membership dues, payable by check or credit card, to NJAHSA, 13 Roszel Road, Suite C200, Princeton, NJ 08540.

Payment Method:

- Check is enclosed (payable to NJAHSA) _____
- Credit Card ___ Check one: Visa ___ Mastercard ___ American Express ___

Account #: _____ Expiration Date: _____

Signature: _____