



MISSION: To promote the Turfgrass industry and enhance the environment through education, professionalism, leadership, and our partnership with Rutgers, The State University of New Jersey.

New Jersey Turfgrass Association MEMBERSHIP APPLICATION

Individual or Business Partner Information *(Please Print Clearly)*

Primary Member Name: _____

Company Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Business Partner: Additional Member Information

Please complete. If needed, use another sheet for 5 or more members.

1. Name: _____

E-Mail: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

2. Name: _____

E-Mail: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

3. Name: _____

E-Mail: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Please Select a Membership Level below: ___ Renewal ___ New

I - Business Partner \$ 275.00

(Up to 4 members)

III - Individual Member

\$ 80.00 (1 person)

II - Addl Business Partner

(5 or more) Each is **\$ 60.00**

IV - Student Member

\$ 20.00 (1 person)

Benefits of NJTA Membership

- * Savings on GREEN EXPO & Field Days Registration Fees
- * Opportunities to earn Pesticide Applicator License Credits
- * *Clippings* Quarterly Newsletter
- * Outreach & Education impact in Trenton
- * Access to Education & Research at Rutgers
- * Membership Directory
- * Support of Rutgers University's Turf program and facilities
- * Website: www.njturfgrass.org
- * Marketing Opportunities in NJTA publications
- * Participate in events that raise scholarships for the NJ Turfgrass Foundation

Which category best describes your business or profession:

- Golf Course
- Lawn Care Applicator
- Landscape/Lawn Maintenance
- Cemetery
- Irrigation
- Sod Producer
- Parks & Recreation
- Schools & Athletic Fields
- Manufacturer/Supplier
- Professional (Architect, University)
- Student
- Other _____

Payment Information

___ Check (*payable to NJTA*) ___ Visa ___ MasterCard ___ AmEx

Account #: | _____ | _____ | _____ | _____

Exp. Date: (MM/YY): ___//___ 3 Digit Security Code: _____

Name on Account: _____

Authorized Signature: _____

NJTA Annual Dues (*January 1 - December 31*): \$ _____

NJ Turfgrass Foundation Contribution: \$ _____

Outreach & Education Contribution*: \$ _____

(*This portion is non-deductible.)

Total Amount Enclosed: \$ _____

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E-Mail: execdiretor@njturfgrass.org
Web Site: www.njturfgrass.org

Cece Peabody, MAT, CMP
Executive Director
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