



**MONMOUTH COUNTY MASTER PLUMBERS
ASSOCIATION
P.O. BOX # 74
HOWELL, N.J. 07731**

NAME: _____ DATE: _____

PLEASE PRINT

LICENSE NUMBER: B10= _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

HOME ADDRESS: _____

(MANDATORY, NO P.O. BOXES)

HOME PHONE: _____ Email _____

(MANDATORY)

ARE YOU ACTIVELY ENGAGED IN A PLUMBING BUSINESS FULL TIME? _____

HAVE YOU EVER OR ARE YOU NOW A MEMBER OF ANOTHER NJSLMP.ASSOC. _____

IF YES WHICH ASSOCIATION: _____

APPLICANTS SIGNATURE: _____

*** WITH YOUR SIGNATURE , YOU ARE AGREEING TO ABIDE BY THE BY LAWS OF MONMOUTH COUNTY MASTER PLUMBERS ASSOCIATION, I UNDERSTAND THAT VIOLATING THE BYLAWS OF THIS ASSOCIATION , SHALL BE JUST CAUSE FOR MY MEMBERSHIP TO BE REJECTED/AND OR TERMINATED BY THE OFFICERS OF THIS ASSOCIATION AND MY DUES WILL NOT BE REFUNDED. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THE BY-LAWS.**

RETURN WITH A CHECK PAYABLE TO M.C.M.P.ASSOC. IN THE AMOUNT OF \$250.00 FOR PLUMBERS

RETURN WITH A CHECK FOR IN THE AMOUNT \$165.00 FOR INSPECTORS WHO ARE ACTIVELY WORKING AS AN INSPECTOR ON THIS DATE.

PLEASE LIST ALL THE SERVICES THAT YOUR COMPANY PROVIDES:

- * _____
- * _____
- * _____
- * _____