



NJSBA

New Membership Benefit/Partnership Application

Organization/Benefit Name:

Direct Contact Name:

Email:

Telephone Number:

Company Website:

1. Please explain what the offer/benefit is to our members: (NJSBA requests this be something special that is only offered solely to them. A specific discount, add-on, something free.)

2. Will there be a royalty to the NJSBA:

3. In a short paragraph, please describe how your organization/good/service can benefit our members: (Please feel free to include and attach any materials such as a one page flyer with information.)

4. Are you currently partnering with other bar associations? If so, please list the names of other Bar Associations:

5. Provide three contacts (list name/email/phone number) that would vouch for your organization/service:

6. Please include any additional information that you feel would be important for the Membership Committee to know regarding your product and service: