



## New Jersey

### GMIS NEW JERSEY VENDOR MEMBERSHIP APPLICATION

Fill out information requested. Attach your check, and mail to:

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Phone: (732) 602-6017

Name of Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

Name of Agency \_\_\_\_\_

\_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

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Vendor Members/Associate Member; fee is \$400