

GARDEN STATE COUNCIL, INC.

Membership Application

Company Name _____
Attention _____
Address _____

Phone Number _____
Fax Number _____
E-Mail Address _____
Web Site _____

I certify that our company is a signed contractor with the District Council 711 IUPAT

Signature _____
Name and Title _____ Date _____

Please sign and return this form along with a one-time \$50.00 initiation fee, please make check payable to **Garden State Council, Inc.**

Mail form and registration fee to:

Garden State Council, Inc.
PO Box 176, Oceanport, NJ 07757