



NJPEC

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Prefix: _____ First Name: _____ Last Name: _____

Company/Organization: _____

Title: _____

Work Phone: _____

Home Phone: _____

Mobile Phone: _____

Work Email: _____

Home Email: _____

Website: _____

Work Address: _____

Home Address: _____
(Street Address) (City) (State) (Zip Code)

PACKAGING BACKGROUND

Please indicate your primary responsibilities and qualifications.

Years in Packaging Industry: _____

Membership Category: User Supplier Education\Student Other

PROFESSIONAL INTEREST AREAS

Please list three areas of interest (with the first as your primary) to help us target member benefits to your professional interest (Examples include: Package Engineering, Creative Packaging, Sales/Sales Management, Package Design, Machinery, Education, etc.)

1. _____
2. _____
3. _____

State briefly why you desire to become an NJPEC Member.

AGREEMENT

To the NJPEC Board of Trustees:

I, _____, am a packaging professional who has primary employment, does business, and/or has a residence in New Jersey, hereby apply to become a member of the New Jersey Packaging Executives Club.

Signature

Date

The following NJPEC Membership Sponsors are familiar with my qualifications.

Sponsor 1

Sponsor 2

Please submit the completed application and Membership Dues to the NJPEC Membership Chairperson.
The completed application can be emailed to membership@njpec.com.
Membership Dues can be paid on-line by clicking [Membership Dues Payment](#).