

DOWNTOWN NEW JERSEY

25 S. Livingston Ave. Second Fl. Ste. E, Livingston, NJ 07039
(T) 973-992-8800 (F) 973-992-8024 INFO@DOWNTOWNNJ.COM

Downtown New Jersey – DNJ – is a nonprofit organization focused on strengthening the State’s commercial business districts, whether they are urban, suburban or rural; traditional downtowns; neighborhood shopping districts or commercial corridors.

Downtown New Jersey’s membership includes commercial district management professionals, business operators, public officials, community volunteers, and real estate, architectural and planning professionals. All share a common interest in improving the health and vitality of their business districts. DNJ strives to be a strong resource for information and support of downtown initiatives in New Jersey. Our programs will benefit you and your organization. They include our Forum Series, our Annual Conference; our Best of the Best Awards Program; Downtown Business Assistance Teams, and a full week of activities as part of the League of Municipalities Conference in Atlantic City in November. If you are not yet a member, we hope you will consider joining today. Simply complete short application below and return it with your check or credit card authorization today! DNJ membership is an investment that will pay great dividends. Please feel free to contact any DNJ board member or the staff with any questions you may have. We look forward to your membership and active participation in *Downtown New Jersey*.

Sincerely,
Beth Lippman, Executive Director

Downtown New Jersey Membership Application

Sign me up. I want to be part of the Downtown New Jersey team!

Representative _____

Organization: _____

Address: _____

City: State: Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Students / Retirees.....	\$ 100.00
Government (Local / County / State) / Non Profit	\$ 295.00
Sole Practioners	\$ 350.00
2-10 Employees	\$ 500.00
11+ Employees.....	\$1000.00

(All Employee Counts are New Jersey Employees Only)

Payment Method: (circle) Check Purchase Order Credit Card: Amex Visa MC

Card # _____ Exp Date: _____

Billing Address _____ Zip _____

Code _____

Security Code _____ Exp. Date _____

Name on Card _____

Signature _____