

Membership Application

GPANJ

Membership Application Form

Please enroll the following in the Governmental Purchasing Association of New Jersey, Inc.

Name

Title

Governmental Agency

Address

Telephone _____ Email _____

_____ Enclosed is a check for annual dues in the amount of \$90.00

_____ Enclosed is a purchase order - P.O.# _____

Make checks and vouchers payable to **GPANJ**.

**Mail to : Donna Griffin, Treasurer of GPANJ
Manchester Township
1 Colonial Drive
Manchester, NJ 08759**