



Technology Council Membership Application

Thank you for applying for membership in NJAMHAA. Once your membership is approved, you will be able to share information and network with the agencies that provide mental healthcare and substance use treatment services in New Jersey.

Please provide a one-page description of your company and products/services along with your completed application.

Name

Title

Organization Name

☐ **Number of
Employees**

☐ **Number of Agency/Organizational
Contracts (nationally)**

☐ **Number of Agency/Organizational
Contracts (in New Jersey)**

Phone #

Address

Fax #

City

E-Mail Address

County

Website

State

Zip Code

How did you learn about NJAMHAA?

We can have your application for membership reviewed for approval once we receive your completed application. If you are joining within the first six months of the fiscal year, the dues amount for the full year is \$1,639. For new members joining more than halfway into the fiscal year, the initial dues invoice will be for the amount that covers the remaining months of that fiscal year plus the entire following fiscal year. Thereafter, the member will be billed annually in the beginning of each fiscal year at the current annual dues rate.

Please mail these materials to:

NJAMHAA

3635 Quakerbridge Road, Suite 35
Mercerville, NJ 08619

If you need additional information, please contact:

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