



2026 Membership Application/Renewal - Prorated: \$125.00

Please make checks payable to CNJ Chamber and mail the completed Application and Check to:

_____ Check here if renewing your membership.

_____ Check here if you are a new member.

Please attach your business card to the application.

**Central New Jersey Regional Chamber of Commerce
P.O. Box 301 – Jamesburg, NJ 08831-0301
Attn: Membership**

If you are joining us for the first time or renewing your membership, please provide the following contact information to be added to our directory.

Company Name: _____

Contact Name: _____

Company Address: _____

Business Description/Category: _____

Title/Position: _____

E-Mail Address: _____

Mailing Address: _____

Phone#: (Work) _____ **(Cell)** _____

Website: _____

Please Print

Signature: _____

Please tell us how you learned about the CNJ Chamber and who referred you as well?

By joining the Chamber you will enjoy greater exposure with local businesses, have up-to-date information regarding current trends, participate in local events, have access to a greater outreach into our local communities, and attend informative workshops and networking events.

If you have any questions regarding this invoice or our membership benefits, please contact us at: info@cnjrchamber.org or at 732-241-0800

For Chamber Use Only: Membership Approval

Signature: _____ Date: _____ Check or Last 4# of cc : _____

Signature: _____ Date: _____ Check or Last 4# of cc : _____

<https://cnjrchamber.org>