



Application for Membership

206 West State Street, Trenton, NJ 08608

Phone: 609-396-1980 • Fax: 609-394-6732

www.NJLSA.com

Store Name _____

Proprietor _____

Address _____

City/State/Zip _____

License # _____

Business Phone _____ Fax _____

E-Mail Address _____

NJLSA DUES

\$300.00 NJLSA Membership

Includes membership in the ABL – National Association
“American Beverage Licenses”

Here is my additional voluntary*
contribution to the NJLSA PAC
(Political Action Committee)

\$ _____

Payment Method:

Check or Money Order Enclosed
(payable to NJ Liquor Store Alliance)

Visa Master Card American Express

Total Amount \$ _____ *(Dues and PAC contribution*)*

Card Number _____

Exp. Date _____

Signature _____

**In making application for membership to the New Jersey Liquor Store Alliance,
I agree to abide by the constitution, by-laws, and policies of the NJLSA.**

Authorized Signature _____ Date _____

**Membership applications must be signed by the store proprietor or legal representative.
Membership is valid in writing to the applicant in accordance with the
New Jersey Liquor Store Alliance by-laws when confirmed.**

Membership dues in the NJLSA are not tax deductible as a charitable contribution, but a portion is deductible as a business expense. Since the NJLSA engages in lobbying on behalf of business, under Federal law 5% of dues paid to the NJLSA are not tax deductible.

For further information please contact

Diane Weiss, Membership Coordinator at 609-396-1980 or at dianeweiss@njlsa.com.