



Application for Membership

160 West State Street, Trenton, NJ 08608
Phone: 609-396-8838 • Fax: 609-989-7491
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 _____ CVV _____ Billing Zip Code _____

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

Shirley AUC Director at 609-396-1111 or at Ohara@ppag.com