



New Jersey Disc Jockey Network

NJDJN Membership Application

Your Name: _____

Company: _____

Mailing Address: _____

Street Address

State

Zip

County: _____

Business Phone: _____ Cell Phone: _____

Other Phone: _____ Pager: _____

Current Email: _____

Website URL: http://www._____

Referred to the NJDJN by: _____

Date you started your business: _____ Do you DJ / KJ: Full-time / Part-time
Circle One *Circle One*

Type of business you own: Sole Proprietorship / Corporation / Partnership / LLC
Circle One

Number of Mobile Systems: _____ Number of Club/Stationary Systems: _____

Please Attach the following items required for consideration of membership:

- 1) DJ/KJ Business Card (Include copy of your brochure if you have one)
- 2) Proof of your Liability Insurance (If you are currently uninsured, please check [here](#)) _____

Date: _____ Signature: _____

Please mail your completed application, with the required documents, and your check payable to NJDJN in the amount of \$150 to:

Mike Banfield Membership Chairman

89 Rohill Road

Hillsborough, NJ 08844

www.NJDJN.org

www.FaceBook.com/NewJerseyDiscJockeyNetwork

