



**NJAMHAA**

New Jersey Association of Mental  
Health and Addiction Agencies, Inc.

## 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 \$1,591. 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:**

**Shauna Moses**

*Vice President, Public Affairs and Member Services*  
(609) 838-5488, ext. 204  
smoses@njamhaa.org