



New Jersey Knowledge Initiative Business Membership Application

Fax or mail this application and a copy of your company's NJ business registration certificate

Fax: 609-278-2650
Attn: Karen Price

Mail to: Karen Price
Library Development Bureau
New Jersey State Library
P.O. Box 520
Trenton, NJ 08625-0520

PLEASE PRINT CLEARLY

Company Name _____

Your Name ___Mr. ___Dr. ___Ms. ___Mrs. _____

Title _____

Company Address _____

Telephone (_____) _____

Email address _____

Line of business _____

Name of Business Incubator if tenant _____

ELIGIBILITY REQUIREMENTS:

1. Does your company have 50 or fewer employees? _____ **Yes**

2. Is 51% or more of your company owned by another for-profit company _____ **No**

If yes, parent company name _____ **# of employees** _____

3. Is your company's primary business location in New Jersey? _____ **Yes**

PLEASE NOTE: Only New Jersey employees may use your NJKI library card.

4. Are you willing to participate in a survey or focus group to evaluate the effectiveness of this program? _____ **Yes**

5. Will your company review and observe copyright restrictions on this content? _____ **Yes**

_____ Copy of NJ business registration certificate is attached. I attest that the information I have provided above is correct.

Signed _____

Date _____

Thank you. Your New Jersey Knowledge Initiative membership packet and library card will be mailed to you shortly. For more information about the Knowledge Initiative, go to www.njki.org.