



**YES! I want free NJKI membership for my company.**

**New Jersey Knowledge Initiative Business Membership Application**

Fax to: 609-633-3963  
Attn: Stacey Bleistein

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

**PLEASE PRINT CLEARLY**

Company Name \_\_\_\_\_

Name \_\_\_\_\_ Mr. \_\_\_ Dr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_\_\_

Title \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Referred by Name: \_\_\_\_\_

? Business Incubator ? SBDC ? EDA ? BCNJ Member ? Other \_\_\_\_\_

**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** \_\_\_\_\_

**4. Is your company's primary business location in New Jersey?** \_\_\_\_\_ **Yes**

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

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

**6. Will your company review and observe copyright restrictions on this content?** \_\_\_\_\_ **Yes**

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](http://www.njki.org).