



New Jersey Chimney Sweep Guild Membership Application

(Please print clearly)



Company Name: _____

Company Address: _____

Company Phone #: _____

Company Fax #: _____

Company Website: _____

Company Email: _____

NJ Home Improvement Contractor Reg. #: _____

Primary Member Name: _____

Certifications:

CSIA FIRE NFI - Wood NFI - Gas NFI - Pellet IAFCI - CPI CDET

Other _____

Email: _____ Check to include this email address on website

Cell Phone #: _____ (This # will not be put on website)

Second Member Name: _____

Certifications:

CSIA FIRE NFI - Wood NFI - Gas NFI - Pellet IAFCI - CPI CDET

Other _____

Email: _____ Check to include this email address on website

Cell Phone #: _____ (This # will not be put on website)

Additional Member Name: _____

Certifications:

CSIA FIRE NFI - Wood NFI - Gas NFI - Pellet IAFCI - CPI CDET

Other _____

Email: _____ Check to include this email address on website

Cell Phone #: _____ (This # will not be put on website)

Company/Individual Memberships:

NCSG NFPA HPBA IAFCI Other

Service Area:

This information may be published on the NJCSG website, unless indicated otherwise.

Rates:

1st member of the company: \$299.00

2nd member of the company: \$179.00

Each additional member of the company: \$179.00

Spouse: \$15.00 per meeting

Total Amount Enclosed: \$ _____

Please make check payable to: New Jersey Chimney Sweep Guild

Credit Card Payment: Visa Mastercard

Card Number: _____

Name on The Card: _____

Expiration Date: _____ Security Code: _____

Mail application, copy of certification of insurance, copy of N J Home Improvement Contractors registration, along with payment to:

NJCSG Membership Committee
PO BOX 663
Phillipsburg, NJ 08865

I acknowledge that the information contained on this application is true. Upon acceptance, I agree to follow the Code of Ethics of the New Jersey Chimney Sweep Guild. I also authorize the New Jersey Chimney Sweep Guild to publish the information on the website as indicated.

Primary Member Signature _____ Date _____

Secondary Member Signature _____ Date _____

Additional Member Signature _____ Date _____

For NJCSG use only

Date application received: _____ Date application approved:

Check amount: _____ Check number: _____

Member number: _____