

## MODC: HOW TO JOIN

To join MODC, fill out and mail the membership application. Or for more information, call MODC's Executive Director at 732-751-8696. Membership applications are presented to the Board of Directors for approval.

### Membership Investment:

#### ***BUSINESS/ORGANIZATION***

Number of Employees*	Dues
1-3.....	\$260
4-9.....	\$350
10-39.....	\$430
40-79.....	\$520
80-99.....	\$570
100-299.....	\$650
300-499.....	\$695
500-999 <sup>1</sup> .....	\$795
1000+ <sup>2</sup> .....	\$975

#### ***ASSOCIATE MEMBER***      ***\$175***

(additional member from an MODC member, business or organization)

#### ***INDIVIDUAL***      ***\$200***

(a person not affiliated with any company, professional group or organization)

\* Number of Permanent Employees (part-time employees count as 1/2 full-time employees) from business/organization in Monmouth and Ocean Counties.

1. Includes one primary member and one associate member
2. Includes one primary member and two associate members

Membership dues cover a period of one year

## MODC Membership Application

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

FAX# \_\_\_\_\_

E-MAIL \_\_\_\_\_

NUMBER OF EMPLOYEES: F/T \_\_\_\_\_ P/T \_\_\_\_\_

REFERRED BY \_\_\_\_\_

#### **Associate Members (\$175 per associate)**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

#### **Briefly describe your company/organization:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

#### Method of Payment:

Check (payable to MODC)    VISA    MasterCard    AMEX

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Number\* \_\_\_\_\_

\*VISA/MasterCard-3 digits on back of card   \*AMEX-4 digits on front of card

Signature \_\_\_\_\_

Mail to:  
MODC, 4814 Outlook Drive, Suite 102, Wall, NJ 07753  
732-751-8696 Fax: 732-751-8698  
email: modcstaff@modc.com  
www.modc.com