



New Jersey Not For Profit Corporation Order Form
Print this form and Fax to (877) 980-7200 or (201) 592-9198

Date:_____ How did you first hear about us?_____

Your name:_____ Email address:_____

Your phone number:()_____ Your fax number()_____

Your address:_____

CORPORATE NAME: (Must end with Incorporated, Corporation, Company, Inc., Corp., or Co.)

1st choice:_____

2nd choice:_____

3rd choice:_____

ADDRESS OF CORPORATION: (Please include county)

MAILING ADDRESS:_____

REGISTERED AGENT AND OFFICE: _____

PURPOSE:_____

MEMBERS: (Must be at least 18 years of age)

	Name	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____

DIRECTORS: (Must have at least 3 at least 18 years of age)

	Name	Social Security Number	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

OFFICERS:

	Name	Social Security Number	Address
1. President	_____	_____	_____
2. Vice-President	_____	_____	_____
3. Secretary	_____	_____	_____
4. Treasurer	_____	_____	_____