



Member Biography Form

If you have already submitted this form, you DO NOT need to send it again. If you have not done so, please return this to the BRANNJ office as soon as possible. Updates to this section of the website will be completed quarterly only.

Company Name: _____

Company Address: _____

Key Contact Name: _____

Phone: _____ Fax: _____

Website: _____

Email Address: _____

Years in Business: _____ Years of BRANNJ membership: _____

Primary Specialty: _____

Briefly describe your business: _____

Area(s) of Specialization: _____

Please list any affiliations/associations your company has: _____

Please list any special offers, discounts, etc.: _____

Please include any other information you would like potential customers to know:

Describe the three most important things clients should know about you/your company:

1. _____

2. _____

3. _____

Mail to:

Builders & Remodelers Association of Northern NJ
250 Maywood Avenue
Suite B
Maywood, NJ 07607

-or-

Fax to:

201-843-0166