

2015 Membership Resource Directory



Our updated SFMANJ Membership Resource Directory will be distributed in Summer, 2015. It is a complete membership directory, with listings by name as well as affiliation. Take advantage of this opportunity to put your information at the fingertips of our membership.

Give us a short description of your goods and services and it will be included following your listing in the "commercial" section of the directory.

If you are interested in advertising in the 2015 Membership Resource Directory please complete the advertising contract below and return it with your payment prior to the deadline date of June 15, 2015. Please feel free to contact the office at 856-514-3179

Membership Resource Directory Advertising Contract

Publishing Date: July 1, 2014

Submission Deadline: June 15, 2014

Design Services: Design services are available for a nominal charge.

Cost: Black & White:	Full Page (7.5" w x 10" h)	<input type="checkbox"/> Members \$350.00	<input type="checkbox"/> Non-members \$455.00
	Half Page (7.5" w x 4.75" h)	<input type="checkbox"/> Members \$250.00	<input type="checkbox"/> Non-members \$355.00
	Quarter Page (3.5" w x 4.75" h)	<input type="checkbox"/> Members \$150.00	<input type="checkbox"/> Non-members \$255.00

Cost: Color:	Full Page - Inside Cover (7.5" w x 10" h)	<input type="checkbox"/> Members \$550.00	<input type="checkbox"/> Non-members \$655.00
	Half Page - Outside Cover (7.5" x 4.75")	<input type="checkbox"/> Members \$450.00	<input type="checkbox"/> Non-members \$555.00
	Half Page - Inside Cover (7.5" x 4.75")	<input type="checkbox"/> Members \$350.00	<input type="checkbox"/> Non-members \$455.00 <i>(includes membership)</i>

Submit Ads: Please submit ads electronically to our office at mail@sfmanj.org.

Yes, I am interested in advertising my company and products in the 2015 Membership Resource Directory and helping support the SFMANJ and its mission.

Name _____

Company _____

Mailing Address _____

Phone _____ Fax _____ Email _____

Return form with check **OR** Pay by Credit Card Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____

Cardholder Name _____ Security Code _____

Cardholder Billing Address _____ Zip Code _____

Please Sign: _____ Date _____

Total _____

Please return with payment to: SFMANJ, PO Box 205, Pennsville, NJ 08070

Don't forget to write a brief description of the services or products your company provides.