



NY/NJ METRO ECOM USERS GROUP

Membership Application

Please enter your company's information below to complete the membership application.

★ Required Fields

Company Contact Information

★ Company Name:

★ Contact Person:

★ Telephone:

★ Email:

★ Street Address 1:

Street Address 2:

★ City:

★ State & Zip:

Business Category (Manufacturing, Banking, etc):

Secondary Member Name:

Email:

Additional Member Name:

Email:

THE NY/NJ METRO ECOM USERS GROUP

Please direct questions and completed form to:
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