

## **MEMBERSHIP INFORMATION AND APPLICATION**

### **About The Council**

The New York / New Jersey Council of Shopping Centers was formed in 1980. The organization consists of shopping center marketing, management and leasing personnel and professionals who provide products and services to shopping centers.

The council was created:

- To encourage and maintain professional standards in the field of shopping center marketing and management.
- To promote and publicize its purposes and achievements within the states of New York and New Jersey.
- To bring together professionals from the NY & NJ area to share experiences and ideas pertaining to shopping center marketing and management.

### **What Does Membership Involve?**

- Quarterly meetings
- Contact with your peers in the New York / New Jersey markets.
- Planned programs to enrich, cultivate and broaden your professional skills.

### **How Do I Benefit?**

Members enjoy:

- Networking
- Idea exchanges
- New information resources
- Reduced meeting fees

### **How Much Does It Cost?**

- \$200 Annual Mall/Business Membership
- \$100 Annual Individual Membership

Applications for membership must be accompanied by one year's dues  
Annual dues are payable by January 1st each year.

### **Administration**

- Administration is vested in the Governing Board of committees of the New York / New Jersey Council of Shopping Centers.
- The Board members are a group of professionals active in the shopping center industry.
- Special membership applications are subject to Board approval, consistent with by-laws.



**Apply Now /Choose ONE:**

**Annual Mall/Business Membership**

Shopping Center/Business Name : \_\_\_\_\_

Owner/Management Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact/Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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**Annual Individual Membership**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This application must be accompanied by a check payable to:

NY/NJ Council of Shopping Centers  
P.O. Box 2401  
Edison, NJ 08818-2401