



ASSOCIATE MEMBERSHIP APPLICATION FORM

Main Contact: _____ **Job Title:** _____

2nd Contact: _____ **Job Title:** _____

Each Associate membership allows for 2 contacts and gives those two contacts full membership privileges.

Company Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Toll Free Phone:** _____

Fax: _____ **Email:** _____

Website: _____

Please provide a comprehensive description of your business, i.e. what services/products you provide and to what specific area of recreation (if applicable), i.e. arenas, pools, etc. The more information you provide, the better so that we can recommend your company when our members contact us for information about suppliers.

➤ Associate Membership

\$215.00/year (2010)

Method of Payment: *Please check one*

Mailed in Cheque Purchase Order MasterCard VISA

Please call the Office (1-888-253-7544) with Credit Card information.

Purchase Order No. _____

If using a Purchase Order, the invoice will be sent from AARFP office to the address listed above.

ALBERTA RECREATION FACILITY PERSONNEL

P.O. Box 100, Cochrane, AB T4C 1A4

Phone: (403) 851-7626 Toll Free: 1-888-253-7544 Fax: (403) 851-9181 Email: office@aarfp.com