



Facility Membership Application Form



IMPORTANT: Facility Memberships have limitations that you need to be aware of!!!

- You are only allowed 5 people per Facility Membership, but you can purchase as many Facility Memberships as needed.
- **ALL 5** Facility members must be filled in below before the membership can be processed, so please **DO NOT LEAVE BLANK SPACES**.
- You can **NOT** change people once the membership is processed! If a member quits, he/she is on your membership until the end of the year.

*** Please TYPE directly onto the form to ensure the information is legible ***

Facility Address		Billing Address (if different)
Name		
Street/Box #		
City/Town		
Postal Code		
Phone Number		

Membership Information

Facility Members	First Name	Last Name	Gender M/F	*Personal Email*	Position
Main Contact's Name					
Member 2					
Member 3					
Member 4					
Member 5					
<i>PO # (if applicable)</i>					

**Personal Email is SUPER important! This is the primary form of communication to each individual*

Send all completed forms to office@aarfp.com