



New Affiliate Office Application

\$50 One-Time Fee

Office Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Fax: _____

Office Email: _____

Web Address: _____

Recommended for Membership By: _____

_____ A payment in the amount of \$50 representing a new office fee accompanies this application.

Method of Payment: _____ Cash _____ Check _____ Credit Card

Check #: _____

Type of Credit Card: _____ CVV _____ Exp Date: _____

Credit Card #: _____

Signed: _____ Date: _____