

Gold Level Allied Partner Membership Application

Name of Designate	d Member Representative:		
Organization:			
Address:			
City/State/Zip Code	· ·		
		E-mail:	
Name of corporate	owner or management organi	zation (If applicable):	
provide direct service	ces to consumers. This class	hat support the mission of Florida ARF but of membership will have a term of one year d will renew annually until terminated by eith	from the
		cted or appointed office in Florida ARF or RI rtners will receive the following benefits from	
 Annual member Attendance at quantum banner; Guest speaker Regular Member Announcements Advertising span 	opportunities at quarterly meens tatus relative to information of special events involving more in the Association's newslesson the Association's website	rm of membership; cortunity to provide your display booth and o tings; n distributed through the Association's webs nembership and other industry stakeholders;	ite;
The Florida Associa	ition of Rehabilitation Facilitie	lembership Agreement s, Inc., hereinafter referred to as "Florida AF d to as "Company," agree to the following co	
Dues are payabThe Company aCompliance by	le at the beginning of the mer grees to abide by Florida AR	nent entitles it to all rights and privileges of 0	·
Signature of Organ	zation Executive	Tyler Sununu	
Title		President & CEO, Florida ARF	
(Date)		(Date)	