



Membership Application Professional Membership

Name of Professional Member: _____
Organization: _____
Address: _____
City/State/Zip Code: _____
Phone: _____ Fax: _____ E-mail: _____

Name of corporate owner (If applicable): _____

Professional membership is open to professionals who earn, or potentially earn, income as a professional within the disabilities industry or provide services to community services agencies represented by Florida ARF. Professional members may not be employees of actual or eligible Florida ARF members.

Professional membership dues are \$250.00 annually. Professional members are entitled to benefits afforded by the Association as outlined below:

- Professional Members are entitled to attend and engage in activities of the Association but are not eligible to vote or hold an elected or appointed office in Florida ARF.
- Professional Members are entitled to receive and use Florida membership databases and member profile information to include names and addresses, phone numbers, and other pertinent information that further defines the type of member and the programs/services provided to include input and background information on members.

Professional Members agree their governing structure does not consist of representatives who are eligible for "Voting Membership" of Florida ARF.

Professional Members agree to join Florida ARF for a period of one (1) year, at an annual fee of \$250, which will begin upon receipt of a completed application and payment which may be divided into two installments per year. The year will run concurrently with the Association's fiscal year and may be renewed annually.

Membership Agreement

The Florida Association of Rehabilitation Facilities, Inc., hereinafter referred to as "Florida ARF," and _____, agree to the following conditions of membership:

Conditions of Membership

1. The Professional Member agrees to pay Florida ARF \$250 in annual dues for one year's professional membership. Dues will be paid as follows: [] Annual; [] Semi-annual.
2. A professional brochure or descriptive information indicating the type of professional services provided shall be submitted with this agreement to provide documentation of eligibility status.
3. The Professional Member agrees to abide by the Florida ARF Code of Ethics.

Signature and title of organization executive

Suzanne Sewell, President & CEO

(date)

(date)

Return to: Courtney Swilley, Florida ARF, 2475 Apalachee Parkway, Suite 205, Tallahassee, FL 32301-4946