



Family Member Membership Application

Name of Designated Member Representative: _____

Organization: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Family Member affiliation is open to consumers or their family members who are currently recipients, or are former recipients, of services provided by a Florida ARF "Regular Member" agency and who support the mission of Florida ARF. This class of membership will have a term of one year from the beginning date of the membership agreement and will renew annually until terminated by either party.

Family Members are not eligible to vote in Florida ARF or RESPECT of Florida organizational units. Family Members will receive the following benefits from Florida ARF membership:

- notifications of special events involving membership;
- industry news; and
- Florida ARF Member rates for meetings.

Family Member Membership Agreement

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

- The Family Member agrees to pay Florida ARF \$50 in annual dues for each year of membership.
- Dues are payable at the beginning of the membership year.
- Compliance by the Family Member with this agreement entitles it to all rights and privileges of Family Members as established by Florida ARF Board of Directors.

Signature of Family Member

Suzanne Sewell

Date

President & CEO, Florida ARF

Florida ARF Member Agency - Sponsor

Date

RETURN TO: Courtney Swilley, Member Services Director
Florida ARF, 2475 Apalachee Parkway, Suite 205, Tallahassee, FL 32301-4946
PH: 850.942.3510 FAX: 850.656.0168 E-MAIL: cswilley@floridaarf.org
www.floridaarf.org