



Friend of NRRTS (FON) Application

Any individual involved in the rehabilitation technology industry or profession may become a Friend of NRRTS.¹ Friend of NRRTS applicants must be sponsored by a current Registrant of The National Registry of Rehabilitation Technology Suppliers.

— Friend of NRRTS Benefits —

- Receive *NRRTS Directions*
- Receive a "Friend of NRRTS" lapel pin
- Same seminar discounts as NRRTS Registrants
- Name listed on NRRTS website at www.nrrts.org
- Invited to attend NRRTS educational seminars and other meetings
- May participate on NRRTS Committees
- Annual fee of \$75.00

Note: FONs do not have voting privileges

Please print application. This form may be photocopied.

NRRTS Registrant (Sponsor) Information

NRRTS Registrant Name _____ Company Name _____

Phone _____ / _____ - _____ Fax _____ / _____ - _____ Email _____

I recommend _____ (NAME OF PROPOSED FON) is an asset to our industry and will be an honorable Friend of NRRTS.

Signature of NRRTS Registrant X _____

Friend of NRRTS Applicant Information

Name _____ Business Name _____

Business Address _____ City/State/Zip _____

Website _____ Email _____

Business Phone _____ / _____ - _____ Ext. _____ Business Fax _____ / _____ - _____

Toll Free Phone _____ / _____ - _____ Ext. _____ Home Phone _____ / _____ - _____

Home Address _____ City/State/Zip _____

Preferred Mailing Address Home Business

Total Years Employed in Rehabilitation Industry/Profession: _____ Years _____ Months N/A

Current Employer _____ Position Held _____ Since date ____ / ____ / ____

Education: High School Some College Credentials: ATS ATP Other _____

Degree(s) _____

Former Employer (List most recent employer first) _____

From (month/year) ____ / ____ - ____ / ____ TOTAL TIME ____ Years ____ Months

1. _____

Former Employer _____

From (month/year) ____ / ____ - ____ / ____ TOTAL TIME ____ Years ____ Months

2. _____

I would like information on volunteering to help NRRTS. Please contact me via Home Phone Business Phone Email above.

I agree any dispute arising out of this application process shall be settled by arbitration.
I agree to follow the portions of the NRRTS Code of Ethics² which are applicable to me.
I certify, to the best of my knowledge, the above information is true and accurate.

Application will not be processed without requested signatures and payment.

Friend of NRRTS Applicant Signature X _____

Please Print Name _____ Date Signed ____ / ____ / ____

Return completed, signed form with payment of \$75.00 to:

NRRTS • P.O. Box 863 • Trinidad, CO 81082-2712 • PHONE: 719-846-4229 • FAX 719-846-4462 • info@nrrts.org

¹ A Rehabilitation Technology Supplier who meets the criteria for registration in NRRTS may not apply as a Friend of NRRTS.

² Located in the current NRRTS Directory or available on request.

Note: An annual renewal will be sent prior to December 31 of each year to request updated published information and payment.