



# Association Friend of NRRTS (AFON) Application

Any charity or non-profit association involved in the rehabilitation industry or profession not otherwise eligible to be a NRRTS Registrant but meets the criteria for Association Friend of NRRTS (AFON) as established by the Corporation may be eligible to be affiliated as an Association Friend of NRRTS (AFON). An AFON association will be reciprocal and at no cost to either organization. **An AFON, Association Friend of NRRTS, must be sponsored by a current Registrant of the National Registry of Rehabilitation Technology Suppliers. An AFON will be considered and approved by the NRRTS Board of Directors.**

### — Association Friend of NRRTS Benefits —

- Five (5) complimentary FON affiliations
- Listed as an AFON on [www.nrrts.org](http://www.nrrts.org)
- Hot links on [www.nrrts.org](http://www.nrrts.org) to AFON website
- Reciprocal advertising
- 20% discount on purchase of NRRTS mailing list - limited to twice annually
- Free access to [www.nrrts.org](http://www.nrrts.org) to advertise educational seminars providing CEUs

Please print application. This form may be photocopied.

### NRRTS Registrant (Sponsor) Information

NRRTS Registrant Name \_\_\_\_\_ Company Name \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

I recommend \_\_\_\_\_ is an asset to our industry and will be an honorable Association Friend of NRRTS.  
(COMPANY NAME OF PROPOSED AFON)

Signature of NRRTS Registrant X \_\_\_\_\_

### (Proposed) Association Friend of NRRTS Information

AFON Primary Contact (name of individual) \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Website \_\_\_\_\_ Primary Contact Email \_\_\_\_\_

Company Phone \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Company Fax \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Toll Free Phone \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Provide a short description of the charity or association being proposed and how it is involved in the Rehab industry. List appropriate services offered. Attach brochures, education presented or information to define the mission of your association and its involvement in the rehab industry.

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