

NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS [NRRTS] ASSOCATION FRIEND OF NRRTS APPLICATION (AFON)

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
- AFON corporate logo and hot links to AFON web sites on www.nrrts.org
- 20% discount on the purchase of NRRTS mailing list-either labels or electronically—limited to twice annually
- Company logo listed in DIRECTIONS

Please print application. This form may be photocopied.

NRRTS Registrant (sponsor) information

| NRRTS Registrant Name | | Company Name |
|---------------------------------|----------------------|--|
| Phone / | Fax / | Email |
| recommend(COMPANY NA | ME OF PROPOSED AFON) | is an asset to our industry and will be an honorable Association Friend on NRRTS. |
| Signature of NRRTS Registrant X | | |
| | dual) | |
| Company Name | | |
| Company address | | City/State/Zip |
| Website | | Primary Contact Email |
| Company Phone / | Ext | Company Fax / |
| Foll Free Phone / | Ext | Toll Free Fax / |
| · | • | g proposed and how it is involved in the Rehab industry. List appropriate iformation to define the mission of your association and its involvement |
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Please provide name, title, contact information & address (if different from page 1) of five (5) complimentary Association Friends of NRRTS affiliations.

| 1 | | |
|--|--|--|
| (AFON PRIMARY NAME) | (TITLE) | (ADDRESS - IF DIFFERENT FROM ABOVE) |
| / | / | (EMAIL ADDRESS) |
| 2(AFON ADDITIONAL) | (TITLE) | (ADDRESS - IF DIFFERENT FROM ABOVE) |
| , | , , | (ADDACSS - IF DIFFERENT FROM ABOVE) |
| PHONE NUMBER) | / | (EMAIL ADDRESS) |
| 3(AFON ADDITIONAL) | (TITLE) | (ADDRESS - IF DIFFERENT FROM ABOVE) |
| / | / | (EMAIL ADDRESS) |
| 4(AFON ADDITIONAL) | (TITLE) | (ADDRESS - IF DIFFERENT FROM ABOVE) |
| / | / | (EMAIL ADDRESS) |
| 5(AFON ADDITIONAL) | (TITLE) | (ADDRESS - IF DIFFERENT FROM ABOVE) |
| / (PHONE NUMBER) | / | (EMAIL ADDRESS) |
| | | |
| name of afon being proposed | es any dispute arising out of this app | olication process shall be settled by arbitration. |
| name of afon being proposed | es to follow portions of the NRRTS C | ode of Ethics1 which are applicable. |
| certif | ies the above information is true an | nd accurate. |
| NAME OF AFON BEING PROPOSED PROPOSAL WILL NOT BE PROCESSE | ED WTHOUT SIGNATURES OF PROP | OSER, CFON PRIMARY CONTACT AND DATE. |
| | | |
| Name (please print) | | Date Signed |
| Association Friend of NRRTS (AFON |) applicant Signature | |

RETURN COMPLETED, SIGNED FORM TO:

NRRTS • 5815 82nd Street, Suite 145, #317 • Lubbock, TX 79424 • 800-976-7787 • FAX 888-251-3234 • aodom@nrrts.org

Send corporate logo to Amy Odom at aodom@nrrts.org.

** Corporate logo must be supplied in .jpeg (preferred) or .tif format (approximately 3" sq. in size, 300 dpi, and in full color). Please email your logo to aodom@nrrts.org. NRRTS will use the logo on www.nrrts.org and related AFON printed material.