

NFRA REGISTRATION FORM

Please complete this form and fax it to (435) 656-8939

Name:

Company Name:

Business phone:

Home phone:

Emergency contact person:

Email for 1st response notification:

Cell # for 1st response notification:

Billing Address:

Which states are you willing to work in? (Put a number 1-8 on the states you're willing to work in. (1 being first choice, 8 being last choice). If you will work in any/all states, put 1 in all. If you don't want to work in certain states, leave blank).

Florida ___ Georgia ___ Pennsylvania ___ Tennessee ___

Virginia ___ Mississippi ___ Louisiana ___ Texas ___

I am capable/Interested in doing _____ (how many) commercial properties.

Payment of association dues:

\$500 per company + 10% on the gross of all jobs. The \$500 includes 1 member/photo ID card. Each additional member/photo ID card will be \$200. *Each person doing work will need a photo ID card to get through the National Guard check points.* Prices will raise to \$600 per company and \$300 per photo ID card after the convention/training on May 23rd and 24th. After June 1st the dues will go up to \$600 per company and \$500 per photo ID.

Amount paid \$ _____ Date paid _____

We accept Visa, Mastercard, Discover, American Express

___ Credit card: Type _____ # _____

Exp date _____ 3 digit code: _____

___ Check (*Make checks payable to: Millennial Health Services*)

Signature: _____ Date _____