



# Membership Application

## Membership Fees:

**\$275.00 Initial Corporate Fee (Includes up to two members+ an alternate @\$50)**

**\$225.00 Initial Individual Fee (Individual must be CRP certified)**

*(Please Print Clearly)*

**Name of Primary Member:** \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Office Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Describe company business: \_\_\_\_\_

Service Provider or Corporate? \_\_\_\_\_

How much of your time is devoted to relocation? \_\_\_\_\_

CRP? (Circle one)    YES    NO

**Name of Secondary Member:** \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Office Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Describe company business: \_\_\_\_\_

Service Provider or Corporate? \_\_\_\_\_

How much of your time is devoted to relocation? \_\_\_\_\_

CRP? (Circle one) YES NO

**Name of Alternate Member:** \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Office Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Describe company business: \_\_\_\_\_

Service Provider or Corporate? \_\_\_\_\_

How much of your time is devoted to relocation? \_\_\_\_\_

CRP? (Circle one) YES NO

**I HEREBY AFFIRM THAT MY STATEMENTS TO ALL QUESTIONS ON THIS APPLICATION ARE TRUE AND CORRECT.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please fax completed application to Janelle at: (480) 899-8060**

**Arizona Relocation Alliance**

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