



Renewal Membership Application

Membership Fees:

\$125.00 Corporate Fee (Includes up to two members+ an alternate @\$50)

\$100.00 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 Laura at: (602) 957-2412

Arizona Relocation Alliance

c/o Laura Kovacs
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