



AMRPA MEMBERSHIP APPLICATION FOR CONSULTANT MEMBERSHIP

*Name of Contact: _____ Title: _____

*Contact E-mail Address: _____ Telephone: _____

Name of Business: _____

Address: _____ Web Site Address: _____

City, State, zip code: _____

Please describe nature and scope of services:

Please check desired AMRPA Membership level:

Information and Meetings: ____ Information, Meetings and Board Eligibility and Participation: ____

* = Person named as contact will receive the AMRPA monthly magazine and weekly *Off The Record* electronic newsletter unless otherwise specified.

Consultant Member Dues Table

Information and Meetings	\$1200
Information, Meetings, and Board Eligibility	\$2500

Signature: _____ Date: _____

Thank you for your support of AMRPA! Please return to: AMRPA, 206 South 6th Street, Springfield, IL 62701 or fax this form back to (217) 525-1271. Questions? Please call Maggie Ramirez at (347) 573-3732.