

Application For Membership



Company name		
Address		Date
City	State / Prov	Zip / Postal
Web site address		
Phone #	1-800 #	Fax #
Public e-mail		
Total number of full time employees		Year of incorporation
Owner		
Personal e-mail		
2nd owner or manager		
Personal e-mail		

As the representative of the company named above, I agree that:

The information given on this application form is complete and accurate.

That we will advise the Restoration Alliance within 30 days of any changes in this information.

That the company will abide by the Restoration Alliance's Code Of Ethics

I accept that conduct not adhering to this agreement and the Code of Ethics may result in termination of membership and it's privileges without reimbursement.

The Restoration Alliances Annual Membership Fee is \$285, renewable on the anniversary date of acceptance.

The Restoration Alliance has the right to deny membership.

signature _____

date _____

This area is for office use only

Payment

Received

Method

Amount

Membership

Accepted

Declined

Revoked

Membership #

Star member

Assoc member