

Rome Reps Association

ROME REPS
MEMBERSHIP FORM

FULL MEMBERSHIP

NAME: _____

COMPANY (IES): _____

BUSINESS ADDRESS: _____

TELEPHONE #: _____

FAX #: _____

E-MAIL: _____

ADMINISTRATOR'S NAME: _____

SIGNATURE: _____

\$50.00 ANNUAL DUES

PLEASE MAKE YOUR CHECK PAYABLE TO THE "ROME REPS ASSOCIATION" AND MAIL TO:

Rome Reps Association
c/o Dawn Rava-Crofoot
6472 Cone Road
Boonville, NY 13309