



NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS ASSOCIATION FRIEND OF NRRTS APPLICATION (AFON)

Any charity or non-profit association involved in the rehabilitation industry or profession not otherwise eligible to be a NRRTS Registrant but meets the criteria for Association Friend of NRRTS (AFON) as established by the Corporation may be eligible to be affiliated as an Association Friend of NRRTS (AFON). An AFON association will be reciprocal and at no cost to either organization. **An AFON, Association Friend of NRRTS, must be sponsored by a current Registrant of the National Registry of Rehabilitation Technology Suppliers. An AFON will be considered and approved by the NRRTS Board of Directors.**

- Five (5) complimentary FON affiliations (IFONs have access to NRRTS Education at 50% off and can participate on the NRRTS Listserve and a subscription to DIRECTIONS Magazine)
- AFON corporate logo with hot link to corporate AFON web site on www.nrrts.org
- Right of First Refusal on Event Sponsorships
- AFON corporate logo on the back cover of DIRECTIONS Magazine.

NRRTS Registrant (Sponsor) Information (Form may be photocopied)

NRRTS Registrant Name _____ Company Name _____

Cell Phone _____ Email _____

I recommend _____ is an asset to our industry and will be an honorable CFON.
(COMPANY NAME OF PROPOSED CFON)

Signature of NRRTS Registrant x _____

(Proposed) association friend of NRRTS Information

AFON Primary Contact (name of individual) _____

Company Name _____ Corporate Telephone # _____

Company address _____ City/State/Zip _____

Primary Contact Email _____ Cell Phone _____

Rehab Products and Services Supplied (Circle Products & Services please)

Wheeled mobility Seating Alternative Positioning Augmentative Communication ADL Products
Other (please list) _____

Please provide name and contact information for the (5) complimentary Corporate Friends of NRRTS affiliations.

1. Name _____ Cell Phone _____ Email _____

2. Name _____ Cell Phone _____ Email _____

3. Name _____ Cell Phone _____ Email _____

4. Name _____ Cell Phone _____ Email _____

5. Name _____ Cell Phone _____ Email _____

Proposal will not be processed without signature of proposer, CFON primary contact and Date.

Name (please print) _____ Date Signed _____

Corporate Friend of NRRTS (CFON) applicant Signature _____

An annual renewal will be sent in January of each year to request updated published information about the organization and an update on its contribution to the rehab industry. Send completed form and high-resolution logo in JPEG (minimum of 300 dpi) aodom@nrrts.org.