



# SMALL FLEET MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

How did you hear about us?  Internet  Magazine  Other

If Referred, by whom? \_\_\_\_\_  
Name and Organization

Company/Organization Name _____	
Business Phone _____	Fax _____
Mailing Address _____	
City _____	State _____ Zip _____
Fleet Size (#) _____	Number of Staff _____

### Member Fees:

Member fees are billed annually in January of each year and include up to 3 representatives.

\$ 55.00

**Choose your Chapter:**  Arizona  Nevada  Utah  
 Colorado  Texas

INCLUDED

<b>Representative 1 (Primary &amp; Billing Contact):</b> Name _____ Title _____ Phone _____ Email _____	<b>Representative 2:</b> Name _____ Title _____ Phone _____ Email _____	Disclaimer: By sending in a completed application form to RMFMA, we hereby give RMFMA and its staff permission to contact us via electronic mail.
<b>Representative 3:</b> Name _____ Title _____ Phone _____ Email _____		
<b>INCLUDED</b>		

### Additional Representatives:

Each Organization can have as many representatives as they like. Each representative over 3 is charged \$ 35 per person. Please calculate the total number of additional representatives multiplied by \$ 35 and enter the amount here. (i.e. 2 additional x \$ 35 = \$ 70 )

Please use Page 2 to add additional representatives' information.

\$

### Total: Please add all amounts on the right and enter the total amount.

Make Checks payable to RMFMA and include a copy of this application.

**Mail to: RMFMA National Treasurer, 1281 E Magnolia Street Unit D #209, Fort Collins, CO 80524**

Charge My Credit Card  VISA / MASTERCARD / AMERICAN EXPRESS Expires \_\_\_\_\_

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

\$

For Office Use Only: DT _____	ODB _____	MDB _____	WL _____	I _____
Org # _____	U&P _____	MDV _____	EB _____	R _____



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## Additional Representatives

Representative 4:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Representative 5:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Representative 6:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Representative 7:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Representative 8:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Representative 9:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_