



# NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS

## INDIVIDUAL FRIEND OF NRRTS APPLICATION (IFON)

Any individual involved in the rehabilitation technology industry or profession may become a Friend of NRRTS.<sup>1</sup> Friend of NRRTS applicants must be sponsored by a current Registrant of The National Registry of Rehabilitation Technology Suppliers.

**— Friend of NRRTS Benefits —**

<ul style="list-style-type: none"> <li>• Receive <i>NRRTS Directions</i></li> <li>• Seminar discounts</li> </ul>	<ul style="list-style-type: none"> <li>• Name listed on NRRTS website at <a href="http://www.nrrts.org">www.nrrts.org</a></li> <li>• Invited to attend NRRTS educational seminars and other meetings</li> </ul>	<ul style="list-style-type: none"> <li>• May participate on NRRTS Committees</li> <li>• Annual fee of \$75.00</li> </ul> <p>Note: FONs do not have voting privileges</p>
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Please print application. This form may be photocopied.

### NRRTS Registrant (Sponsor) information

NRRTS Registrant Name \_\_\_\_\_ Company Name \_\_\_\_\_

Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_ Fax \_\_\_\_ / \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

I recommend \_\_\_\_\_ is an asset to our industry and will be an honorable Friend of NRRTS.  
(NAME OF PROPOSED FON)

Signature of NRRTS Registrant  X  \_\_\_\_\_

### Friend of NRRTS Applicant information

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Business Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_ Business Fax \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Toll Free Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_ Home Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Preferred Mailing Address  Home  Business

Total Years Employed in Rehabilitation Industry/Profession: \_\_\_\_ Years \_\_\_\_ Months  N/A

Current Employer \_\_\_\_\_ Position Held \_\_\_\_\_ Since date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Education:  High School  Some College Credentials:  ATS  ATP  other \_\_\_\_\_

degree(s) \_\_\_\_\_

I would like information on volunteering to help NRRTS. Please contact me via  Home Phone  Business Phone  Email above.

I agree any dispute arising out of this application process shall be settled by arbitration. I agree to follow the portions of the NRRTS Code of Ethics<sup>2</sup> which are applicable to me. I certify, to the best of my knowledge, the above information is true and accurate. Application will not be processed without requested signatures and payment.

Friend of NRRTS Applicant Signature  X  \_\_\_\_\_

Please Print Name \_\_\_\_\_ Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return completed, signed form with payment of \$75.00 to:  
**NRRTS • 5815 82nd Street, Suite 145, #317 • Lubbock, TX 79424 • 800-976-7787 • FAX 888-251-3234**

<sup>1</sup> A Rehabilitation Technology Supplier who meets the criteria for registration in NRRTS may not apply as a Friend of NRRTS.  
<sup>2</sup> Located in the current NRRTS directory or available on request.

Note: An annual renewal will be sent in January of each year to request updated published information and payment.