



Paul Poore, Executive Director
12333 NW 18th Street, Suite 5
Pembroke Pines, FL 33026
Tel: 954-436-4034 Fax: 954-436-4092
Email: ppoore@aassa.com

APPLICATION FOR AASSA VENDOR OR AFFILIATE MEMBERSHIP

Procedure:

Please print out the application form, complete it and fax it to AASSA at 954-436-4092.

PART I: COMPANY INFORMATION

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____
(country code, area code, number) (country code, area code, number)

NAME OF REPRESENTATIVE: _____
First Last

EMAIL CONTACT: _____

COMPANY WEBSITE: _____

PART II: APPLICATION PROCESS

Upon receipt of your application, we will invoice you for the annual membership fee which covers membership for our fiscal year: July 1st – June 30th

If you have any questions regarding membership or this application, do not hesitate to contact me at the AASSA office.

Again, thank you for your application for membership and support of AASSA.

Paul Poore, Executive Director