



## FREA Membership Application

### Contact Information

Name (Full Name):

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Company Name:

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Street Address:

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City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal:

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Phone: (    ) \_\_\_\_\_

Fax:

(    ) \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate:

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Occupation: \_\_\_\_\_ Years of Experience:

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### Membership Package (check one)

**FREA Subscriber** – Receive our newsletter, emails, and industry specific blogs, which contain valuable information on risk management, marketing, scope of work, regulatory changes, and legal updates. Also includes access to the FREA Forum.

**FREE**

**FREA Affiliate** – Includes all the benefits of the Subscriber package **plus** access to health & supplemental insurance packages, discounted continuing education, free webinars, 10 free data searches through a premier data provider, and third party discounts from companies such as Office Depot, Dell, Budget & Avis, 1-800-FLOWERS and many more.

**\$129**

**FREA Professional** – Includes all benefits of both other packages **plus** personalized risk management, document review, HON Profession App (for iPhone & Android), 10 additional data searches, industry specific marketing advice & support and much more.

**\$249**

**Payment Information**

I am paying by Credit Card \$ \_\_\_\_\_

I am paying by E-Check \$ \_\_\_\_\_

I am paying by check \$ \_\_\_\_\_

\*A receipt will automatically be sent to your email address for Credit Card and E-Check payments.

**Credit Card: Visa, MasterCard, and Discover accepted.**

Card No: \_\_\_\_\_

Expiration Date:

\_\_\_\_\_

Card Holder Name:

\_\_\_\_\_

Billing Address\*:

\_\_\_\_\_

\*If different than the street address listed above.

**Bank Account:** Routing Number: \_\_\_\_\_ Account Number:

\_\_\_\_\_

Signing this application verifies that my information is accurate and correct. It also authorizes FREA to deduct/charge the total amount indicated above. Membership is not effective until payment in full is received. By signing this application, I also verify I received and read the attached FREA Membership Agreement (V 10.2013) and consent to all of the terms and conditions of membership contained therein.

**Signature:** \_\_\_\_\_

**Date:**

\_\_\_\_\_