

AGRM Business Membership Application

New application Renewal
Information is also available at www.agrm.org/agrm/Business Member Benefits.asp.

Business Information

Physical address of office:

Country: _____

(Please print in uppercase and lowercase letters. Thank you.)
This information will appear in the AGRM online business member directory.

Business name:

Business contact:

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State/Province: _____ ZIP/Postal Code: _____ _

Phone: (____) ____ Fax: (____) _____

Toll-free number (if applicable): (____)____

Email (for general correspondence and inquiries):

Website: ______

(if different from physical address):

Citv:

State/Province: _____ ZIP/Postal Code: _____

Country: ____

Business description (15 words or fewer that describe your product[s] and/or service[s]):

Contact Information

Principal Contact

The person you list directly below will be your first individual business member. We will consider him or her your **business's primary contact**. He or she will receive renewal information.

•	
Name:	
Position:	
Mailing address (if different from office):	
City:	
State/prov.:ZIP/Post.:	Country:
Direct line: ()	
Cell phone: ()	
Email:	
Assistant's name (if applicable):	
Second Contact	
This person you list here is your secon	nd individual business
member, included as part of your busin	
Name:	
Mailing address (if different from office):	
3	
City:	
State/Prov.:ZIP/Post.:	Country:
Direct line: ()	,
Cell phone: ()	
Email:	
dd-on member	
l	
Name:	
Mailing address (if different from office):	
0.1	
City:	
State/Prov.:ZIP/Post.:	,
Direct line: ()	
Cell phone: ()	
Email:	
dd-on member	
Name:	
Mailing address (if different from office):	
City:	
State/Prov.:ZIP/Post.:	Country:
Direct line: ()	
Cell phone: ()	
Email:	
dd-on member	
1	
Name:	
Mailing address (if different from office):	
Cit	
City:	
State/Prov.:ZIP/Post.:	
Direct line: ()	
Cell phone: ()	
Email:	

Payment Information

The annual fee of \$440 for AGRM business membership is to be paid in full with this application. This fee provides benefits to two individual business members. Additional individual business members can be added for \$85 each. The total amount (\$440, plus any add-on members) due is: ☐ Check enclosed, payable to AGRM ☐ Charge my: MasterCard ☐ Visa VISA □ Discover ☐ American Express Card number: ____ Expiration: ____/__ Security code: _____ Cardholder name (as it appears on card; please print): Billing address:_____ State/Province: _____ ZIP/Postal Code: _____ Country: ____ Cardholder phone number: (____)___ Cardholder signature:

Mail to:

Association of Gospel Rescue Missions 7222 Commerce Center Drive, Suite 120 Colorado Springs, CO 80919

Fax to:

(719) 266-8600

Phone: (719) 266-8300 Email: info@agrm.org Web: www.agrm.org

If you would like to discuss any aspect of your business membership with AGRM, call (800) 4-RESCUE. You can expect your membership packet to arrive in about two weeks. Publications and other member-related information will follow.

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AGRM is a not-for-profit organization that offers business membership to those companies/organizations committed to furthering rescue mission ministry. AGRM is not responsible for the claims made by its business members, and it reserves the right to select or reject business membership, in the sole discretion of AGRM, for any or no reason.

