



Allied Finance Adjusters Conference, Inc.
P. O. Box 60146
San Angelo, Texas 76906
Toll Free 1-800-843-1232 FAX: 325-949-8520

Associate/Vendor Membership Application

Member Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

FAX: _____

E-mail: _____

Website: _____

- \$100 **Associate Member:** *Persons who are currently employed by or affiliated with the repossession industry. The employing member shall verify the employment status at the time the associate member applies, unless applicant is an owner of a recovery agency that is a member in good standing with another professional repossession organization (ARA, TFA, and NFA).*
- \$375 **Vendor Member:** *Non-voting persons, firm, organizations or associations that supply goods and services to the repossession industry.*

Membership Signature: _____

Mail check and application to:
ALLIED FINANCE ADJUSTERS CONFERENCE, INC.
P. O. Box 60146
San Angelo, Texas 76906
Attention: Wayne Maples
Toll Free: 1-800-843-1232
FAX: (325) 949-8520