



AAF MEMBERSHIP RENEWAL INFORMATION REQUEST

Dear Member,

For information on services we are offering our members, visit our web site www.fla-alarms.org
We are requesting that you provide company information for your web page. Please update this data, sign and return to our office at the address below at once so your information is most current. This is the only way your information can be correct on the web page.

Please update any changes you may have:

COMPANY NAME: _____

LICENSE NUMBER: _____

CONTACT FIRST & LAST NAME: _____

AAF VOTING REPRESENTATIVE _____

BILLING ADDRESS: _____

ADDRESS#2_(suite#/shipping address) _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE#: _____ FAX#: _____

E-MAIL ADDRESS: _____

WEB SITE: _____

LOGIN USER NAME: _____

LOGIN PASSWORD: _____

(PLEASE MAKE ANY USERNAMES AND PASSWORDS 6-8 CHARACTERS IN LENGTH)

In addition you may submit seven (7) lines of text (about 100 words) regarding the specifics of your company of interest to the public, which we will publish to your information site on the web page. However, no reference to pricing may be used in any manner whatsoever. You MUST include your state license number in the seven lines of text, but please avoid the word 'free' or financial matters. You may wish to list those items such as 'U.L. listed, monitored, 24 hour service' etc. that may best describe the services you offer. This paragraph is seven lines of text.

The Alarm Association of Florida is under no obligation to maintain or guarantee the publication of this text in whole or in part. It is done as a courtesy to our regular members and therefore no financial obligation is incurred or implied. Please list the text on the lines below:

Please add any additional information that you wish on these lines as instructions, such as additional contacts etc. and then please sign this page and return to this office at once. Thank you for your help.

SIGNATURE: _____ DATE: _____

PLEASE PRINT: _____



Sincerely yours,
Bob Neely – Executive Director

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