



Photo courtesy of Vancouver's Union Gospel Mission



AGRM Business Membership Application

New application Renewal

You can also apply online at www.agrm.org/joinbusiness.

Business Information

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

Business name: _____

Business contact: _____

Physical address of office: _____

City: _____

State/Province: _____ ZIP/Postal Code: _____

Country: _____

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

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

Email (for general correspondence and inquiries): _____

Website: _____

Mailing address of office
(if different from physical address): _____

City: _____

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' primary contact**. He or she will receive renewal information.

1 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 second individual business member, included as part of your business membership.

2 Name: _____
Mailing address (if different from office): _____
City: _____
State/Prov.: _____ ZIP/Post.: _____ Country: _____
Direct line: (_____) _____
Cell phone: (_____) _____
Email: _____

Add-on member

3 Name: _____
Mailing address (if different from office): _____
City: _____
State/Prov.: _____ ZIP/Post.: _____ Country: _____
Direct line: (_____) _____
Cell phone: (_____) _____
Email: _____

Add-on member

4 Name: _____
Mailing address (if different from office): _____
City: _____
State/Prov.: _____ ZIP/Post.: _____ Country: _____
Direct line: (_____) _____
Cell phone: (_____) _____
Email: _____

Add-on member

5 Name: _____
Mailing address (if different from office): _____
City: _____
State/Prov.: _____ ZIP/Post.: _____ Country: _____
Direct line: (_____) _____
Cell phone: (_____) _____
Email: _____

Payment Information

The annual fee of \$425 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 \$80 each. The total amount (\$425, plus any add-on members) due is: \$_____.


Check enclosed, payable to AGRM

Charge my:

MasterCard 

Visa 

Discover 

American Express 

Card number: _____

Expiration: ____ / ____ Security code: _____

Cardholder name (as it appears on card; please print): _____

Billing address: _____

City: _____

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

Please visit http://www.agrm.org/agrm/Business_Member_Benefits.asp for a summary of business member benefits. If you would like to discuss any aspect of your business membership with AGRM, please call (719) 260-8300.

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.

