



# SAFETYGRAM

## “Safeguarding Your Prime Assets”

### SUBSCRIPTION FORM

(One for each location)

**\* Denotes required field**  
**PLEASE TYPE IN THE INFORMATION**

**Member \$50**

**Non-Member \$100**

\*Name \_\_\_\_\_

\*Company \_\_\_\_\_

\*Billing Address \_\_\_\_\_

\*City/State \_\_\_\_\_ \*Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*Email \_\_\_\_\_

**Payment Info:** \_\_ Visa \_\_ MasterCard \_\_ American Express \_\_ Check Enclosed

Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on card \_\_\_\_\_

Billing Address (If different from above) \_\_\_\_\_

I authorize AFIA to charge my credit card for the one-time fee of \$ \_\_\_\_\_

*Please make check payable to AFIA.  
Please contact Sharon Henry at (703) 558-3571, or [shenry@afia.org](mailto:shenry@afia.org), with any questions.*

Fax or email this form to AFIA