



**Prudential**

*American Group Referral Service*

## Annual Affiliation Renewal Information Form

*Please Print*

**NAME:**

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ M.I.

**MAILING  
ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE**

**HOME:**

**CELL:**

**PAGER:**

**FAX:**

**CURRENT EMPLOYER** (OTHER THAN AMERICAN GROUP REFERRAL SERVICE AFFILIATION)

**ADDRESS:**

**WORK PHONE:**

**EXTENSION:**

**ON-LINE COMMUNICATIONS** (TIMELY COMMUNICATIONS WILL BE DELIVERED VIA EMAIL TO REFERRAL ASSOCIATES WITH AN EMAIL ADDRESS ON FILE, INCLUDING BUT NOT LIMITED TO NEWS ARTICLES, IN-HOUSE JOB OPPORTUNITIES, EDUCATIONAL UPDATES, AND OPPORTUNITIES TO SIT AT OPEN HOUSES.)

**E-MAIL ADDRESS:**

**WEBSITE ADDRESS:**

**Please return this form with your \$100.00 fee payable to: American Group Referral Service  
2140 E. Pebble Rd., Ste. 160  
Las Vegas, NV 89123**

\_\_\_\_\_  
**American Group Referral Associate**

\_\_\_\_\_  
**Date of Signature**

*For office use only*

**DUES COLLECTED: SUBMIT TO ACCOUNTING DEPARTMENT WITH PAYMENT**

**Check Date:** \_\_\_\_\_

**Amount of Payment:** \$ \_\_\_\_\_

**Form of payment:**

Cash

Check or M.O. # \_\_\_\_\_

Credit Card (Call 318-4008 for Credit Card Authorization)

**Processed by:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_