



## 2008 New Member Referral Form

Fill out this form when you refer someone to AFP. When their membership is confirmed, you will receive an incentive gift.

**Your Name:** \_\_\_\_\_

**Your E-Mail Address:** \_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_

**Your AFP Member #:** \_\_\_\_\_

**Name of Person you referred:** \_\_\_\_\_

**Their Organization:** \_\_\_\_\_

Email completed form to Membership Chair Donna Pippins at [donna.pippins@servingseniors.org](mailto:donna.pippins@servingseniors.org)