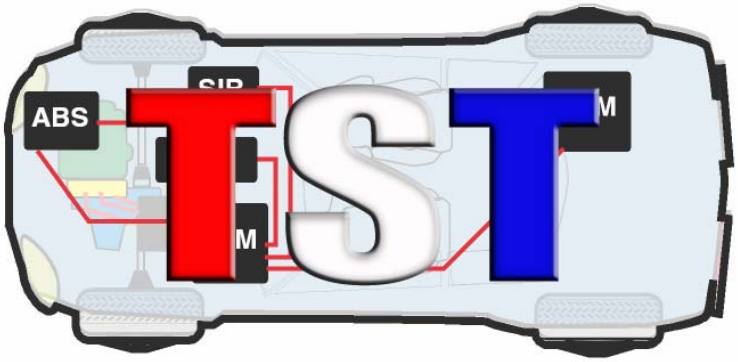

Technician Service Training

11 Lupi Plaza Mahopac, New York 10541
v. 845 628-6928 f. 845 628-9109

Registration form for Membership $65.00 for one year EXP _____

Name (PRINT CLEARLY NAME TO APPEAR ON CERTIFICATES)

Business Name

Business Address

City / Town **State** **Zip Code**

Business Phone **Business Fax Number**

Home Address

City/Town **State** **Zip Code**

Home Phone **Home Fax**

Email Address

I would like to be contacted by: **Home** **Work** **Fax** **Email**

Please circle one above

Instructions:

1. Please fill in at least your name and home information NEATLY.
The information will be use for Certificates of Completion, Membership Certificate and to contact you for upcoming events.

2. Fill in how you want to be contacted for up coming events.

3. If you have been referred by someone PLEASE give us his or her name.

Referred by_____