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APPLICATION

Name:

Address:

City/State/ Postal Code:

Country:

Phone:

Email:

Dual Membership*:

(Indicate other name or alternate address information)



I am or have been a member of the ARS: Yes / No

Your Chapter or Consort(s): _____

Are you your Chapter's ARS Representative? Yes / No

Are you your Consort's ARS Representative? Yes / No

Please check all that apply:

___ Do NOT release my name for recorder related mailings

___ Do NOT release my email address for anything!

___ Do NOT list my name in the Online Directory

___ Do NOT contact me via e-mail

We do not share any information about any ARS member with any outside business or individual, unless the ARS member is a contact person or other leader for a chapter or consort; is listed as a teacher; or has otherwise authorized us to release information.

**** The ARS membership list is made available only to purveyors of goods and services for recorder. ****

Demographic Information

(Optional information collected only to enhance ARS services and provide statistics to grant makers All information on members' activities in the ARS files is strictly confidential and only used internally)

Your age: Under 21 (21-30) (31-40) (41-50) (51-60) (61-70) (71+)

