



Alabama Association of Regulatory Boards
Application or Renewal Membership Form
Application Information

Mr. _____ Ms. _____

Name: _____

Title: _____

Agency: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Membership Information

(choose one)

_____ Regulatory Board Member (\$975.00 annually October 1st – September 30th)
Limited to board or agencies that regulate business or industry in Alabama.

_____ Associate Member (\$250.00 annually October 1st – September 30th) Any person or
association that has rendered assistance to AARB and/or any regulatory agency. These
members shall not use the name of this association, it's logo, or in any manner refer to
AARB in their advertising, selling or soliciting.

Complete form and mail to:

P.O. Box 5152
Montgomery, AL 36103-5152

For questions contact Leslie at leslie.aarb@gmail.com