



BAFG Membership Application

Name _____

Address (optional) _____

City, State, Zip _____

Phone Number (optional) _____

Email Address _____

Desired User Name _____

Account Password _____

How Did You Hear About Us? _____

Broker _____ (optional)

Name on Account _____ (optional)

Please mail or fax to:

Bay Area Forex Group
110 Laurel Place Suite #5
San Rafael, CA 94901

Fax 415.482.7505