Florida Fire Equipment Dealers Association

Application for Membership

Types of Membership:

- **Regular (fire dealer) Member** = **$295.00** - for fire equipment dealers. The company is the member with all employees of that company qualifying for member rates for FFEDA events and products.

- **Associate (supplier) Member** = **$295.00** - for supplier companies. The company is the member with all employees of that company qualifying for member rates for FFEDA events and products.

All new members are also required to pay a one-time **$50 initiation fee**.

Company Name: ________________________________________________________________

License Class and Numbers: ________________________________________________________

Street Address: __________________________________________________________________

Mailing Address (if different from above): _____________________________________________

Phone: __________________ Fax: __________________ Email Address: ____________________

Company Owner(s): ______________________________________________________________

Authorized Member: _____________________________________________________________

Years in Business: _______ Number of Employees: _______ Legal Structure: __________

- Sole Proprietorship
- Corporation
- Partnership

Please list Membership(s) in other associations and positions held (if any):
____________________________________
____________________________________

Enclosures **(required for Regular Members only)**:

- Copy of State of Florida Fire Equipment License
- Copy of County Occupational License

Payment Information: **Total = $345.00 for membership dues and initiation fee.**

- Check Enclosed (made payable to FFEDA)
- Credit Card Payment: □ American Express  □ Mastercard  □ Visa
  - Account #: ____________________________ Expiration Date: __________
  - Security Code (3 digit # on back of MC/VI, 4 digit number on front of AMEX) ______________
  - Name on Card __________________________
  - Address of Card _________________________
  - Signature of Cardholder ______________________

Signature of Authorized Member: ____________________________________________________

Return completed application and enclosures along with payment to FFEDA at 325 John Knox Rd, #L103, Tallahassee, FL 32303. You may also fax to FFEDA at 850-222-3019. Contact the FFEDA Office directly with any questions - phone: 850-224-0711, fax: 850-222-3019 or email: amy@executiveoffice.org.