



# FLORIDA FIRE EQUIPMENT DEALERS ASSOCIATION, INC.

325 John Knox Rd, Ste L103, Tallahassee, FL 32303 Phone: 850/224-0711 Fax: 850/222-3019

## APPLICATION FOR ASSOCIATE MEMBERSHIP

COMPANY NAME: \_\_\_\_\_

LEGAL NAME OF BUSINESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_ LEGAL STRUCTURE:  Sole Proprietorship  Other  
 Corporations  Partnership

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

COMPANY OWNER(S) AND OFFICERS: \_\_\_\_\_

AUTHORIZED MEMBER: \_\_\_\_\_  Owner  President  
 Manager  Qualifier

PLEASE LIST MEMBERSHIP(S) IN OTHER ASSOCIATIONS AND POSITIONS HELD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INITIATION FEE: \$ 50.00**  
**ANNUAL MEMBERSHIP DUES: \$ 500.00**

(FOR THE FISCAL YEAR BEGINNING MAY 1 AND ENDING APRIL 30 – DUES WILL BE PRORATED FOR 2<sup>ND</sup> YEAR)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**YES** – To the best of my knowledge, all information provided is accurate. Furthermore, my organization meets all the requirements of membership.

### PAYMENT:

Check Enclosed  American Express  Mastercard  Visa

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

PLEASE FORWARD THIS APPLICATION ALONG WITH PAYMENT TO: FFEDA, 325 JOHN KNOX RD, STE L103, TALLAHASSEE, FL 32303  
OR FAX TO 850/222-3019 OR EMAIL: FFEDA@EXECUTIVEOFFICE.ORG