

APPLICATION FOR MEMBERSHIP



TO: The Board of Directors, I hereby submit my application for membership in the Florida RV Trade Association. If approved, I agree to abide by all present and future By-Laws of the Association, rules and regulations so set by the Board of Directors and agree to cooperate with our fellow industry members. Enclosed please find our paid dues established for our classification.

Please check the box which indicates the type of membership you are applying for:

- | | | | |
|---|-----------|--|-----------|
| <input type="checkbox"/> Supplier/Service | \$200.00* | <input type="checkbox"/> Finance | \$200.00* |
| <input type="checkbox"/> RV Resort/Campground | \$250.00* | <input type="checkbox"/> Insurance | \$250.00* |
| <input type="checkbox"/> RV Dealer | \$200.00* | <input type="checkbox"/> RV Manufacturer | \$300.00* |

Dealer License # _____

* Note: Membership dues include an optional \$50.00 donation to the Florida RV Political Committee (FRVPC).

Make checks payable to FRVTA or call to pay by credit card.

Please type of print: _____

Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

Phone: _____ Toll Free: _____ Fax: _____

Website: _____ Business E-mail: _____

Rep Direct Phone/Cell: _____ Rep E-mail: _____

Business/Product Description: _____

I understand that by providing the information above, I hereby consent to receive any and all communications sent by or on behalf of the Florida RV Trade Association solely via mail, email, telephone or fax.

Rep: _____ Signature: _____

Print: Authorized Representative to FRVTA

**Information on this form will be used as current information
for the membership listing and directories.**

Notification required by Federal Law – Dues paid to the Florida RV Trade Association, Inc., are not tax deductible. Dues, contributions, dues, payments for product or services, sponsorship or registration fees paid to the Florida RV Trade Association, Inc., are not deductible as charitable contributions for Federal Income Tax purposes.

FOR FRVTA USE ONLY

Membership Type / Region

Date Received

Amt Received

Check Number

Executive Director Approval: _____ Date: _____