



**FICAP PC Membership Application**

Date of Application: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Name and title of person representing your firm: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

FICAP Membership Classification:       Producer       Associate

Membership Level (select one)

- Platinum level      \$1000 annually
- Gold Member      \$ 500 annually
- Silver Member      \$ 250 annually
- Bronze Member      \$ 100 annually
- Other      \$ \_\_\_\_\_ annually

*I, (or as appropriate We,) hereby apply for membership to the FICAP PC. I agree to abide by and comply with all rules and regulations contained in the FICAP PC by-laws. I understand that this annual dues payment entitles me to membership in the FICAP PC fund only and that 100% of my dues will go to support FICAP's legislative program. As such, these dues are not deductible as a business expense. By submitting this application for membership and the contact information above I am hereby requesting that the FICAP PC communicate with me by U.S. Mail or e-mail, as appropriate, with information including newsletters and meeting notices for sponsored events and other pertinent information that may include advertising. This request shall remain in effect until such time as I notify the FICAP PC otherwise. I affirm that I am authorized to make decisions regarding electronic transmissions that may be received by our company. Further, I (we) understand and accept the above terms and conditions.*

Applicant's Signature: \_\_\_\_\_

*No Invoice will be sent. Your copy of this application will serve as your receipt.  
Please send this completed form with your dues payment to:*

**FICAP PC**  
P.O. Box 4075 • Milton, Florida 32572-4075  
407-302-3316 • [www.ficap.org](http://www.ficap.org)