

FLORIDA KEYS CONTRACTORS ASSOCIATION

www.FKCA.org



MEMBERSHIP APPLICATION

Application for Membership is hereby made for a

Business Name: _____ Lic. #: _____

Mailing Address: _____

Physical Address: _____

City _____ Zip _____

City _____ Zip _____

Business Telephone: _____ Fax: _____ Cell: _____

Type of Business: _____

Applicant or Representative: _____

Email: _____

Best way for us to contact or correspond with you: _____

(via email, phone, mail etc.)

Membership Dues: Dues for Membership Application are \$300.00

1 Year Dues with 3 months of free business card advertising

Application is hereby made for membership in the Florida Keys Contractor's Association, Inc. Application will be reviewed by the Board of Directors and applicant will be notified in writing. If approved, applicant will abide by the Association's Charter and Bylaws will support its objectives and pay all established dues.

Date: _____ Signed: _____

Applicant sponsored by: _____

FOR OFFICIAL USE ONLY

The above application is hereby approved by the Board of Directors for membership on

this _____ day of _____, 20____. Membership dues in the amount of \$_____ received.

PO Box 522797, Marathon Shores, FL 33052-2797

ADMIN@FKCA.ORG