



## APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

Type of membership applying for: FLAI Producer \_\_\_\_\_ \$4200.00 **OR** FLAI Associate: \_\_\_\_\_ \$800.00

Name of Company: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name, Title & Email of Representative(s) for your company

\_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Company Web Site: \_\_\_\_\_

Committees of interest (if any)

FDOT Technical     Environmental     Human Resources     Safety

***Please attach a list of all your Division and Sub Division offices with addresses and phone numbers so that this information may be included in our yearly directory.***

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Annual Dues for Producer Member is \$4200.00

Annual Associate Members is \$800.00

Check enclosed

Payment by Credit Card

Visa     Mastercard     American Express     Discover

Card Number \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_