



FICAP PAC Fund Membership Application

Date of Application: _____

Name of Firm: _____

Name and title of person representing your firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

FICAP Membership Classification: Producer Associate Non-Members

Membership Level (select one)

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

I, (or as appropriate We,) hereby apply for membership to the FICAP PAC. I agree to abide by and comply with all rules and regulations contained in the FICAP PAC by-laws. I understand that this annual dues payment entitles me to membership in the FICAP PAC 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 PAC communicate with me by U.S. Mail, facsimile 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 PAC 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 PAC
116 W. Greentree Lane • Lake Mary, Florida 32746
407-333-4694 Office • 407-333-1668 Fax
www.ficap.org