



Membership Application

Date of Application: _____

Name of Firm: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Business Structure: Individual Sole Proprietorship Partnership Corporation

Name and title of person representing your firm: _____

Email: _____ Website: _____

List one or two alternate representatives and their titles: _____

Please give us a brief description and history of your business: _____

If applying for Producer membership status, please indicate type of concrete products manufactured:

Counties that you service (if a producer member): _____

If applying for Associate membership status, please indicate types of products or services you provide:

I (we) hereby apply for membership in Florida Independent Concrete and Associated Products, Inc (FICAP) based on the foregoing statements.

Completed applications will be considered by the Association at the next regular meeting. I (we) understand that acceptance of this application does not constitute membership until approved by a majority of the Board of Directors, in accordance with the bylaws. Applicants will be notified in writing upon approval of this application by the Board of Directors.

I (we) agree that if I (we) wish to withdraw our membership, I (we) will pay all dues and indebtedness due the Association and tender the resignation in writing to the Board of Directors. In the event of termination of my (our) membership, I (we) agree to immediately discontinue the use of the FICAP insignia or logo in any form.

I (we) understand and accept the above terms and conditions.

Applicant's Signature: _____ Sponsor's Name (if any): _____

**Annual Dues for Producer or Associate Memberships are \$1000
(please include your first years' membership dues with this application)**

Total fee(s) enclosed or to be charged to the credit card indicated below: \$ _____

Enclosed is a check or American Express Mastercard Visa

Credit Card #: _____ Exp. Date: _____

Name as it appears on card: _____ Security Code: _____

Billing Address & Zip Code: _____

Cardholder Signature: _____

Make checks payable to **FICAP** and return to:
FICAP, 116 W. Greentree Lane, Lake Mary, Florida 32746
407-333-4694 Office • 407-333-1668 Fax
www.ficap.org