



ASSOCIATE MEMBER APPLICATION

Date: _____

Application is hereby made for membership as an Associate Member of the Precast Concrete Structures Association of Florida, Inc. Applicant hereby agrees to abide by the requirements and conditions of the Articles of Incorporation, Charter, and Bylaws of the Association, and to assist in the attainment of its purposes and objectives by support and participation in the programs of the Association.

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ FAX: _____ E-Mail: _____

Website: _____

Main Contact: _____ Title: _____

Brief description of product or services: _____

Signature: _____

Association dues are \$682.00 and are paid annually. (*Fiscal year begins January 1*)

For Association use only		
Date Received: _____	Amount Paid: _____	Check Number: _____

**Return to: Precast Concrete Structures Association of Florida, Inc.
113 East College Avenue, Suite 200 | Tallahassee, Florida 32301
Phone: (850) 514-5183**