



## 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 \$700.00 and are paid annually. (Fiscal year begins January**

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

**Return to: Precast Concrete Structures Association of Florida, Inc.  
PO Box 13842 | Tallahassee, Florida 32317 Phone: (850) 514-5183**