



MUNICIPAL GOVERNMENT MEMBER APPLICATION

Date: _____

Application is hereby made for membership as a Municipal Government 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: _____

Signature: _____

Association dues are paid annually (*fiscal year begins January 1*) and are based on the population in municipal. Dues may be prorated. Dues schedule, approved 4/11/18, is as follows:

- | | |
|--|-----------------------|
| <input type="checkbox"/> Over 500,000 residents | \$250 per year |
| <input type="checkbox"/> 100,000-499,999 residents | \$195 per year |
| <input type="checkbox"/> Below 100,000 residents | \$125 per year |

Please indicate the appropriate category.

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**

