



**REGISTRATION FOR ASSOCIATE MEMBERSHIP – 2012/2013**

*(Please print or type)*

Associate Member Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Bail License No.: \_\_\_\_\_

To the Members and Board of Directors:

Being desirous of participation in the Florida Surety Agents Association and being supportive of its goals and programs, I hereby submit my registration for Associate Membership.

I agree that as an Associate Member of this association, I will abide by the Charter, Constitution and By-laws as they are now or may hereafter be amended, that I will support its objectives and interest and will pay dues, as established. I do further agree to abide by the code of ethics adopted by the Association.

By my signature below, I hereby acknowledge that I understand and accept that, in accordance with the Association’s Bylaws, my membership may be terminated at any time, by a majority vote of the Association’s Board of Directors, if I, in the judgment of the Association’s Board of Directors, engage in any activity or conduct which is unethical or detrimental or inimical to the purposes of the Association or the bail profession in the State of Florida, or which violates the Association’s Code of Ethics.

I agree to continue my concurrence with the above statements for each subsequent renewal year of membership.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Annual membership period: One year from date of application. Please make your \$40.00 membership dues check payable to “FSAA” and return with this application to: FSAA, 511 W. Main St., Tavares, Florida 32778. Questions: Call FSAA at 352-253-2253 or FAX 352-253-2254.

**Credit Card Payment**

Visa  MC  AE Account Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**FASPAC** is created to further and protect the bail bonding profession. Please consider a donation of \$100.00 or more to this fund. You may add your FASPAC contribution to your dues payment or authorize from your build up fund. **THANK YOU!**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(print name) (Company Name)  
to forward the following amount from my build up fund to FASPAC: \$500 \$400 \$300 \$250 \$200 \$100 Other \$ \_\_\_\_\_

*Note: Contributions or gifts to the Association are not deductible as charitable contributions for Federal Income Tax purposes. The tax deductibility of dues paid to Florida Surety Agents Association as an ordinary and necessary business expense is subject to restrictions imposed as a result of lobbying activities. FSAA estimates that the non-deductible portion of your 2010 dues is 100%.*