



**REGISTRATION FOR SURETY COMPANY MEMBERSHIP**

*(Please print or type)*

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

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

E-Mail: \_\_\_\_\_

To the Members and Board of Directors:

Being desirous of active participation in the advancement of the bail and surety profession and with full recognition of the importance of the Association to the profession, \_\_\_\_\_, a surety/insurance company licensed to operate in the State of Florida, hereby submits registration for membership in the Florida Surety Agents Association.

On behalf of said surety/insurance company, the undersigned furthermore agrees that as a member of this Association, to abide by the Charter, Constitution and By-laws as they are now or may hereafter be amended, to support its objectives and interest and will pay dues, as established, and to abide by the code of ethics adopted by the Association.

On behalf of said surety/insurance company, the undersigned furthermore acknowledges and accepts that, in accordance with the Association's Bylaws, said membership may be terminated at any time, by a majority vote of the Association's Board of Directors, if any officer, director or employee, on behalf of said surety/insurance company, in the judgment of the Association's Board of Directors, engages 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.

On behalf of said surety/insurance company, the undersigned agrees to continue my concurrence with the above statements for each subsequent renewal year of membership.

Company Voting Member: \_\_\_\_\_

Alternate Voting Member: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Period: One year from date of application. Please make your \$1,500.00 membership dues check payable to "FSAA" and return with this application to: FSAA, 511 W. Main Street, Tavares, FL 32778. Questions: Call FSAA at 352-253-2253 or FAX to 352-253-2254.

**Credit Card Payment**

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

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