



2011 Membership Application:

Please check:

- Individual Membership \$30
- Agency Membership \$750
- Corporate Membership \$2,000

Name/Contact _____

Organization _____

Address _____

City, State, County, ZIP _____

Phone _____

FAX _____

Email _____

Please make payable and mail completed application to:

**FAREMS
PO Box 358582
Gainesville, FL 32635-8582**

THANK YOU for your support!