



Member Application:

Please check:

- Individual Membership \$30
- Agency Membership \$500
- Corporate Membership \$1,000

Name/Contact _____

Organization _____

Address _____

City, State, County, ZIP _____

Phone _____

FAX _____

Email _____

If paying by **check, money order or purchase order**, please make payable and mail completed application to:

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

You may also join **on-line with a credit card** at:

www.farems.org

THANK YOU for your support!