



MEMBERSHIP APPLICATION - 2009

Please indicate if this is:

- New Membership Application
- Renewal Membership
- Update Membership Information
(Do not include fee)

Individual \$40.00

Servants of public (governmental) agencies, institutions or organizations.

Membership includes publications, reduced fee at conferences, 1 vote in association elections. May hold office or appointive position.

Name: _____

Title: _____

Agency/Business: _____

Street/P.O. Box: _____

City/State/Zip: _____

Telephone (Day): _____

Fax Number: _____

Email address: _____

Renewal Member – Membership Number: _____

Enclose a check payable to Florida Records Management Association (FRMA), along with this application to the following address:

**Florida Records Management Association
PO Box 568542
Orlando, Florida 32856-8542**

Membership is effective January 1 through December 31 of each year.

Institutional \$65.00

Public (governmental) agencies, organizations and institutions.

Membership includes publications, 2 participants in association activities at member rate, ability to change person designated as member, 1 vote in association elections.

Institutional Primary Member

Name: _____

Title: _____

Agency/Business: _____

Street/P.O. Box: _____

City/State/Zip: _____

Telephone (Day): _____

Fax Number: _____

Email address: _____

Renewal Member – Membership Number: _____

Institutional Secondary Member

Name: _____

Title: _____

Agency/Business: _____

Street/P.O. Box: _____

City/State/Zip: _____

Telephone (Day): _____

Fax Number: _____

Email address: _____

Corporate \$100.00

Any vendor, consultant, or contractor of goods and services of interest to the records and information management profession.

Membership includes publications, 2 participants in association activities at member rate, ability to change person designated as member, discounted member rate for exhibitors at association meetings, 1 vote and may nominate in association elections. Cannot hold office.

Corporate Designated Member

Name: _____

Title: _____

Agency/Business: _____

Street/P.O. Box: _____

City/State/Zip: _____

Telephone (Day): _____

Fax Number: _____

Email address: _____

Renewal Member – Membership Number: _____

Corporate Secondary Member

Name: _____

Title: _____

Agency/Business: _____

Street/P.O. Box: _____

City/State/Zip: _____

Telephone (Day): _____

Fax Number: _____

Email address: _____