



ASSOCIATE MEMBERSHIP APPLICATION

Please print or type the following application. When you have completed your application, please mail it to: 201 South Monroe Street, Suite 201 Tallahassee, FL 32301, or fax it to the Florida Association of Broadcasters at (850) 222-3957. If you have any questions, please contact FAB at (850) 681-6444.

***Please Note That Associate Members Must Pay a \$300 Flat Rate Membership Fee Annually.*

Name of Applicant: _____

Applicant's Email: _____

Company: _____

Type of Business: _____

Mailing Address: _____

Mailing City: _____

Mailing State: _____

Mailing Zip: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Signature

Date

**Please send all checks to FAB: 201 South Monroe Street, Suite 201 Tallahassee, FL 32301*

