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APPLICATION FOR MEMBERSHIP

Name of Business _____

Doing Business As _____

Physical Address _____

City _____ State _____ Zip _____ County _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Contact Person _____

Phone (_____) _____ Fax (_____) _____

Email _____ Number of Employees _____

Signature _____ Date _____

OFFICE USE

Date Pd. _____ Policy # _____

Check # _____ Agent _____

Membership Dues \$85 Annually
Please make check payable to FUBA.

Dues to FUBA are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as an ordinary business expense.