



# FLORIDA FESTIVALS AND EVENTS ASSOCIATION 2010 EVENT MEMBERSHIP APPLICATION

PLEASE LET US KNOW THE FFEA MEMBER AND ORGANIZATION THAT REFERRED YOU TO FFEA:

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Name of First Member: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Second Member: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

For additional members, please list names and titles on separate sheet.

## EVENT ORGANIZATION MEMBERSHIP (Effective through December 31, 2009)

	<b>Dues</b>	<b>No. of Members</b>	<b>=</b>	<b>Total</b>
• First Member	\$199.00	1	=	\$199.00
• Additional Member(s)	\$100.00	x _____	=	\$ _____
• Student	\$ 50.00	x _____	=	\$ _____
			<b>TOTAL \$</b>	<b>\$ _____</b>

Enclose a check payable to: FFEA Check No: \_\_\_\_\_

or

Charge Card Information (Visa, MasterCard, or American Express)

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send to:

Florida Festivals and Events Association, 4174 Palo Verde Drive, Boynton Beach, Florida 33436

or

Fax to: 561-736-7188

Questions?

Call 561-736-7071 or e-mail [ffea@bellsouth.net](mailto:ffea@bellsouth.net)