



Florida Citrus Mutual Allied Member Application

Company Membership and Contact Information:

This information will appear in the Allied Membership Directory on an annual basis.

Company _____
Contact Name _____
Address _____
City, St, Zip _____
Phone _____ Fax _____
E-mail _____ Website _____

Description of company/product/service for publication (limit 30 words).

List up to two (2) other contacts that would like to receive a *Triangle* subscription.

Name	_____	_____
Address	_____	_____
City, St, Zip	_____	_____
Phone	_____	_____
Fax	_____	_____
E-mail	_____	_____

Payment information: **Annual Dues** \$ 350.00

If you prefer to pay via cc, please give me a call at 863-682-1116.

Submit completed application form with payment to:

Melanie Burns, Director Market Information
Florida Citrus Mutual
PO Box 1576
Bartow, FL 33831-1576

Website: www.flcitrusmutual.com
