



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)

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

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