



**Florida
Animal
Control
Association**

2017 DUES INVOICE

APPLICATION FOR AGENCY MEMBERSHIP

Agency membership is open to any Florida Animal Control Agency, Code Enforcement Agency, Law Enforcement Agency, or Government-contracted organization providing animal control that enforces local and/or Florida State statutes related to animal regulations.

Please accept our application for membership in the **FLORIDA ANIMAL CONTROL ASSOCIATION**. We support its mission and wish to receive its communications and benefits as a full voting member.

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE (_____) _____

PRIMARY EMAIL ADDRESS: _____

(To be used in FACA Member Directory and website login for all agency employees)

HEAD OF AGENCY

NAME: _____

TITLE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: (_____) _____

CHECK THE CATEGORY that corresponds to your number of employees.

_____ \$70 flat fee for agencies of 1-5 employees

_____ For 6 – 10 employees **\$20 PER EMPLOYEE Regular Membership**

_____ For 11 – 25 employees **\$15 PER EMPLOYEE Regular Membership**

_____ For 26 – 50 employees **\$12 PER EMPLOYEE Regular Membership**

_____ For 51 – 100 employees **\$10 PER EMPLOYEE Regular Membership**

_____ For over 100 employees **\$ 8 PER EMPLOYEE Regular Membership**

_____ **\$50 additional initial membership / re-enrollment fee for first time enrollment or for agencies whose membership has lapsed.**

TOTAL DUE: \$ _____

CHECK enclosed

CHARGE MC/VISA/AmEx # _____

EXP date: _____ 3-digit SECURITY CODE: _____

NAME on card: _____

SIGNATURE: _____

THANK YOU for your commitment to your professional association.

PLEASE PROVIDE THE POSITION TITLES AND THE NUMBER OF EMPLOYEES IN EACH POSITION. ALL EMPLOYEES must be members; including all enforcement & shelter workers, excluding strictly administrative personnel (i.e. bookkeepers, office janitors, etc.). FACA does not need the specific employee names, as these change due to turnover, but does need to know how many employees your agency is budgeted for in each position. If you currently have vacancies that you expect to fill during the year covered by this membership then include that number even if currently vacant.

PLEASE PRINT

POSITION: _____	HOW MANY? _____
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**REMIT TO: FLORIDA ANIMAL CONTROL ASSOCIATION
P.O. Box 211267
Royal Palm Beach, FL 33421**

OR via email:

info@floridaanimalcontrol.org

OR via fax:

(561) 249-2073