

**FLORIDA ASSOCIATION
Of
GOVERNMENTAL FLEET ADMINISTRATORS, INC.**

FLAGFA

MEMBERSHIP APPLICATION/RENEWAL

Name: _____ **Title:** _____

Representing:

_____ Municipality _____ County _____ State _____ Federal _____ Other _____

Mailing Address:

Area Code & Phone #: _____ **FAX #:** _____

E-mail Address: _____

Years in current position: ____ **Years in Governmental fleet operations:** ____

Total number of years in fleet operations: _____

Type of application:

New: ____ **Renewal:** ____ **Regular :** ____ **Associate:** ____ **Affiliate:** ____

Membership Dues enclosed: Yes ____ No ____ **NAFA member also:** Y__ N__

Dues are payable at time of becoming a member and every spring thereafter.

Regular Members: Governmental employees whose primary responsibilities include administration and/or management of fleet operations – Annual Dues \$50

Associate Members: Governmental employees whose responsibilities are directly related to and/or support fleet operations – Annual Dues \$50

Affiliate Members: All others who wish to support the Association, including those who provide goods and services to fleets – Annual Dues \$80

Honorary Members: Regular, Associate, and Affiliate members retired in good standing and are approved by the general membership – No Annual Dues

Signed: _____ **Approved:** _____
Signature of Applicant & date Signature of Officer/ Date

Please provide all information requested above. Payment can be made by check or credit card (prepayment appreciated). Payments go to: **Tim Calhoun, FLAGFA Treasurer, 2601 Vista Park Way, West Palm Beach, FL 33411 Phone: 561-233-0887 Fax: 561-656-7027 email: tcalhoun@pbcgov.org**