FLORIDA ASSOCIATION
Of
GOVERNMENTAL FLEET ADMINISTRATORS, INC.

FLAGFA

MEMBERSHIP APPLICATION/RENEWAL
In order to remain a member in good standing dues must be paid by January 1st

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: _____

Regular Members: ***Annual Dues: $50_____***
(Governmental employees whose primary responsibilities include administration and/or management of fleet operations)

Associate Members: ***Annual Dues: $50_____***
(Governmental employees whose responsibilities are directly related to and/or support fleet operations)

Affiliate Members: ***Annual Dues: $80_____***
(All others who wish to support the Association, including those who provide goods and services to fleets)

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

Please provide all information requested above. Payment can be made on-line at www.FLAGFA.org. or check sent to:
Chris Grunder, FLAGFA Treasurer,
2601 Vista Parkway, West Palm Beach, FL 33411-5609
Phone: 561-233-4564 Fax: 561-233-4584 email: cgrunder@pbcgov.org