



FLORIDA ASSOCIATION OF BUSINESS TAX OFFICIALS, INC.

MEMBERSHIP APPLICATION

PLEASE COMPLETE AND RETURN WITH PAYMENT TO THE CHAPTER TREASURER:

TYPES OF MEMBERSHIPS & DUES (Please Circle One)

Transfer membership from:

REGULAR - \$40.00 ASSOCIATE - \$25.00 (name) _____

THERE MUST BE AT LEAST ONE REGULAR MEMBER. ADDITIONAL MEMBERS FROM THE SAME JURISDICTION MAY BE ASSOCIATE MEMBERS.

MAKE CHECK PAYABLE TO FABTO

CHAPTER FEIN _____

JURISDICTION: _____

CHAPTER: _____

NAME: _____

TITLE: _____

DEPARTMENT/DIVISION: _____

MAILING ADDRESS: _____

CITY: _____ ZIP+4 _____

PHONE # _____ FAX # _____

E-MAIL: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR JURISDICTION:

POPULATION: _____

OF LICENSES ISSUED ANNUALLY: _____

REVENUE RECEIVED FROM LICENSES ISSUED: \$ _____