



Post Office Box 14739  
Tallahassee, FL 32317

# Membership Enrollment Form

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Recruiting Champion  
(Referring Member): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please choose the FLARS MEMBERSHIP LEVEL of your choice below and your preferred payment method.**

- |  |   |
|--|---|
| <input type="radio"/> <b>FLARS Membership<br/>Annual Payment Program</b> | <input type="radio"/> <b>FLARS Membership<br/>Monthly Payment Program</b> |
| <input type="radio"/> Platinum Membership.....\$2,500                    | <input type="radio"/> Platinum Payment Plan .....\$225 per month          |
| <input type="radio"/> Gold Membership.....\$1,000                        | <input type="radio"/> Gold Membership Payment Plan .....\$100 per month   |

### Payment Method

- |  |                                  |                            |                                |
|--|----------------------------------|----------------------------|--------------------------------|
| <input type="radio"/> Check Number _____ | <input type="radio"/> Cash       |                            |                                |
| <input type="radio"/> Credit Card        |                                  |                            |                                |
| <input type="radio"/> American Express   | <input type="radio"/> MasterCard | <input type="radio"/> Visa | <input type="radio"/> Discover |

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, hereby request that, as a convenience to me, Florida Association of Restoration Specialists (FLARS) charge my credit in the amount indicated above beginning \_\_\_\_\_(Date) and agree that FLARS rights in respect to each such charge shall be the same as written notice of revocation of this authority to FLARS, Post Office Box 14739, Tallahassee, FL 32317, and until FLARS actually receives written notice, I agree that you shall be fully protected in honoring any such charge(s).

I further agree that if any such charge were dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever. Each debit, upon being charged to one of my account(s) by the respective bank(s) or credit card(s) shall be my receipt for payment of the designated contribution. I reserve the right to revoke this authorization by giving written notice to FLARS and the aforesaid bank.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE notify FLARS immediately with credit account changes or cancellation in writing.  
FLARS – Post Office Box 14739 – Tallahassee, FL 32317**

Contributions or gifts to the Florida Association of Restoration Specialists, Inc. are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of Association's lobbying and political activities. The Florida Association of Restoration Specialists, Inc. estimates that the nondeductible portion of your dues--the portion which is allocable to lobbying and political activities is 50%.