



Florida Association of Restoration Specialists

Membership registration application.

(All fields must be completed.)

Company Information:

Name of Contact: _____

First

Last

Company's Legal Name: _____

Company's Address: _____

City, State, Zip: _____

Corporation ____ Partnership ____ LLC ____ Individual ____

Federal Tax ID Number: _____

Office Phone: _____ Contact Email: _____

Principal Owner:

Name: _____

Address: _____

City, State, Zip: _____

Contact Number: _____

Please accept membership dues per year in the amount of: \$ _____

(See flars.org for various memberships and associated annual dues)

Mail this form along with any check (if not paid online) for dues payment to FLARS; 3255 Potter St; Pensacola, FL 32514

For questions regarding memberships, please call Dave DeBlander-President @ 805-712-8711 or Adam Ogilvie-Treasurer @ 772-453-6292.

Visit us at: www.flars.org

Internal Use Only: User Name: _____ Password: _____

Member ID: _____