



2015-16 Florida Citrus Mutual Allied Member Application

Company Membership and Contact Information:

This information will appear in the Allied Membership Directory on an annual basis.

Company _____

Contact Name _____

Address _____

City, St, Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Check here If you would like to serve on the Allied Committee.

Description of company/product/service for publication (limit 30 words).

List up to two (2) other contacts that would like to receive a *Triangle* subscription.

Name _____

Address _____

City, St, Zip _____

Phone _____

Fax _____

E-mail _____

Payment information: **Annual Dues** \$ 350.00

Total \$ _____

Submit completed application form with payment to:

Melanie Burns, Director Market Information

Florida Citrus Mutual

411 E. Orange Street

Lakeland, FL 33801

Phone: 863-682-1111 x 212 Fax: 863-682-1074 Website: www.flcitrusmutual.com