



# 2017-18 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 \_\_\_\_\_

<b>Payment information:</b>	<b>Annual Dues</b>	<b>\$ <u>350.00</u></b>
	<b>Full or 1/2 page Directory Ad</b>	
	<b>(See attached form)</b>	<b>\$ _____</b>
	<b>Total</b>	<b>\$ _____</b>

Submit completed application form with payment to:

**Melanie Burns, Director Market Information**  
**Florida Citrus Mutual**  
**PO Box 1576**  
**Bartow, FL 33831-1576**

**Phone: 863-682-1116 Fax: 863-537-7604 Website: [www.flcitrusmutual.com](http://www.flcitrusmutual.com)**