



# 2022-23 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 \_\_\_\_\_

## 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

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)**

---

---