



A Florida Not for Profit 501 (C)(6) Corporation

FMCA
c/o Kelly White & Assoc Ins
P.O. Box 6340
Jacksonville, FL 32236
321-453-3051
www.myfmca.org

Officers
President Dave Lowell
Vice President Casey Cass
Second Vice President Kelly White
Treasurer Kelly White
Secretary Don Ernst
Past President John Loftis

Regional Directors
Central Florida (interim)
First Coast
Panhandle
South Florida
Southwest Florida
Tampa Bay

The Professional Trade Association
For the Marine Construction Industry

Application for FMCA Membership

Date:
Type of application (check one)
Affiliate Associate Contractor Professional
Company Name:
Name of representative: Title:
Address:
City: State: Zip:
Phone: Fax: Mobile:
Email: Website:

Method of Dues Payment (Check one)

A check or cashiers check for first year dues is attached!

First Year Dues: \$300, including a \$50 contribution to the "Save a Dock Fund", prorated for a common anniversary date of July 1.
Dues paid July, August, September will be \$250 plus \$50
Dues paid October, November, December will be \$188 plus \$50
Dues paid January, February, March will be \$125 plus \$50
Dues paid April, May, June will be \$ 63 plus \$50

Renewal Dues: \$450, including a \$50 contribution to the "Save a Dock Fund" every July 1 thereafter.

Brief Description of Your Business:

Memberships in marine-related, trade or professional associations:

Name of FMCA Sponsor (optional):
Sponsor firm:

FMCA By-Laws require that the following documentation must be attached to a Contactor application:

- 1) Copies of a valid contractor's license and county business tax certificate.
2) Certificate of workers compensation coverage under Class Code 6006F.
3) Evidence of bonding OR one bank and two supplier references.
4) Description of five marine contracting projects completed in the past three years, including name, location, type, size and owner address.
5) Florida counties where you work:

Application is hereby made for membership as a Member of the Florida Marine Contractors Association, Inc. I agree to abide by the Code of Ethics and rules of the Association and offer my active support toward the attainment of Association goals. I grant permission of Membership Committee representative to visit our facilities and any completed projects at mutually convenient times. In the event I do not pay my renewal dues, I agree to cease using all FMCA marketing materials including but not limited to logo's and website representation.

Signature: Title: