



**FASET GENERAL MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Legal Company Name:		
Preferred Company Name as listed in FASET Membership:		
Trade of DBA Company Name:	Phone:	Fax:
Current address:		
City:	State:	ZIP Code:
Website:	Facebook:	Twitter:

**COMPANY CONTACTS**

Primary Contact:		Title:
Phone:		Email:
Directory Contact:	Title:	Email:
Phone:		
Additional Contact:	Title:	Email:

**COMPANY DESCRIPTION**

**WHO CAN WE THANK FOR REFERRING YOU**

Name:		
Company:	Phone:	Email:

## FASET GENERAL MEMBERSHIP APPLICATION

### MEMBERSHIP REQUIREMENTS

- Seller of Travel License with the State of Florida, Department of Agriculture
- Minimum Insurance Requirements: General Liability \$1Mil, Workers Comp \$500,000/\$500,000/\$500,000 (each accident, disease-each employee, disease-policy limit)
- Professional Liability \$1 Mil each occurrence
- Insurance company must be rated at least Aa3 by Moody's Investor Service
- Proof of Business Tax
- Letter of reference from an organization with which you have done business for at least three years

### REFERENCES

Name:	Address:	Phone:
Company:	Email:	

### MEMBERSHIP DUES \$1000.00

**Please contact FASET President, Karin Hoffman,  
if you have any questions: (954) 729-9244**

Fill out application form and send to:  <p style="text-align: center;">FASET Attention: Membership Committee 4613 North University Drive #225 Coral Springs FL 33067</p>	Or scan application and send to: <p style="text-align: center;"><b>vicepresident@faset.org</b></p>
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### SUPPORTING FASET

Would you be interested in running for the FASET Board of Directors?	
Would you be interested in advocating in the state capital, Tallahassee, to promote FASET's Legislative Agenda?	
Would you be interested in supporting FASET in various capacities throughout the year, such as sponsorship of luncheons, or attendance at conferences?	

### SIGNATURE

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Applicant Signature:	Date:
Name:	Phone: