

FMO Membership Application

Fill out the information below & return this portion along with your check to FMO
 PO Box 5300, Largo, FL 33779-5300 OR Scan w/Credit Card info & Email to: members@fmo.org

- SAVE A STAMP!** You can join on the 21st Century FMO Website - www.fmo.org
- One Year FMO Membership for \$25 (US Funds)
- Three Year FMO Membership for \$65 - **Best Value** (US Funds)
- Cross Country Motor Club - Please **ADD ADDITIONAL \$35.00 for 1 year** (US Funds) (Your renewal for Cross Country will be sent to you separately)



Note: Fields with * are required PLEASE PRINT LEGIBLY

Only the two individuals listed below are eligible for membership

Date: _____
 *Name: _____
 Birth Date (optional): _____
 Co-Member: _____
 *Florida Address: _____
 *City, Zip: _____
 *Phone: (s) () _____
 *Park Name: _____
 *I am a: Lot Renter Owner Other _____

Non-Florida Address (if applicable)
 Address: _____
 City: _____
 State & Zip: _____

Check off which months you **DO NOT** live in Florida

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr |
| <input type="checkbox"/> May | <input type="checkbox"/> Jun | <input type="checkbox"/> Jul | <input type="checkbox"/> Aug |
| <input type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |

We are unable to mail the FMO News out of the U.S. It can be obtained via email or online at www.fmo.org

*Email Address: _____
 Secondary Email Address _____
 Deliver FMO News by: Email Mail Neither
 *Number of registered Florida voters in household: _____
 I am an American Veteran: YES NO

Recruiter Name: LINDA LINDQUIST
 Membership # 307105

To pay with credit card:
 MasterCard Visa Discover AMEX
 Card # _____
 Exp. Date: _____ Phone () _____
 Signature: _____

*****Keep this bottom portion as your receipt. Return the application portion to FMO*****

Please enclose a check payable to FMO. US Funds only. Do NOT send cash.

Cross County Members: You will receive a separate membership card from Cross Country in 4 to 6 weeks. If you need roadside assistance before you receive your Cross Country Card, please call their toll free number 800.528.2056

Questions? Call Membership at 727.530.7539 or email members@fmo.org

Thank You for joining the only organization fighting for the rights of manufactured / mobile home owners!

Date: _____ Check Number: _____ Check Amount: _____ US Funds

Check Payee: _____

