



# Marine Industry Association of Central Florida

## 2023 Membership Application

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Type of Business  Corporation  Partnership  Sole Proprietor

Company's Facebook ID \_\_\_\_\_

Type of Business: (Select the single category that best describes your business)

- |   |  |
|---|--|
| <input type="checkbox"/> Boat Dealer                        | <input type="checkbox"/> Manufacturer        |
| <input type="checkbox"/> Charter Boat or Guide              | <input type="checkbox"/> Marina or Boatyard  |
| <input type="checkbox"/> Distributor                        | <input type="checkbox"/> Marine Professional |
| <input type="checkbox"/> Education                          | <input type="checkbox"/> Yacht Broker        |
| <input type="checkbox"/> Insurance, Finance & Documentation | <input type="checkbox"/> Other               |

### Annual Dues: \$200

All membership applications subject to approval of the MIACF Membership Committee. The applicant agrees to observe and abide by the Charter and Bylaws of the Marine Industry Association of Central Florida, Inc.

If paying by check, please make payable to MIACF and submit along with the completed application to: MIACF, 11954 Narcoossee Rd, #427, Orlando, FL 32832, or if paying by credit card please submit the attached credit card for by email to [executivedirector@miacf](mailto:executivedirector@miacf) or by fax to (407) 489-0096 or simply call Cathy Case at (407) 498-0079.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**MIACF**

11954 Narcoossee Rd, #427  
Orlando, FL 32720  
(407) 498-0079 • Fax (407) 498-0096  
dray@miacf.org

**CREDIT CARD AUTHORIZATION FORM**

Please complete the information requested and email this form to  
executivedirector@miacf.org or fax to (407) 498-0096.

**Credit Card Payment Type:**

Mastercard                       Visa                       American Express

**Please print clearly or type:**

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_

Valid Expiration Date \_\_\_\_\_

Name On Card \_\_\_\_\_

Cardholder Billing ZIP CODE \_\_\_\_\_

Signature \_\_\_\_\_

Company Name \_\_\_\_\_

Email Receipt to \_\_\_\_\_

By signing above, I authorize MIACF to charge the credit card, listed above, in the amount of \$200.00 for 2023 MIACF Annual Membership Dues.

*Thank You for Your Support!*