

2020 Marine Industry
Association of Central Florida
Membership Application



**MARINE
INDUSTRY
ASSOCIATION**
CENTRAL
FLORIDA

Contact Name _____

Company _____ No. of Employees _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____

Web Site Address _____ Years in Business _____

Facebook ID _____

Annual dues: \$200.

- _____ Corporation
_____ Partnership
_____ Sole Proprietorship

Type of Business:

(Select the single category that best describes your business)

- () Boat Dealer
() Charter Boat or Guide
() Distributor
() Education
() Insurance, Finance & Documentation
() Manufacturer
() Marina or Boatyard
() Marine Professional
() Yacht Broker
() Other

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.

All membership applications should be accompanied by a check for one years dues and mailed to: MIACF, 1742 S. Woodland Blvd. #604, DeLand, FL 32720 **or** emailed with attached credit card form to contact@miacf.org

Signature _____ Date _____ Check# _____



**MARINE
INDUSTRY
ASSOCIATION**
CENTRAL
FLORIDA

MIACF

1742 S. Woodland Blvd. #604
Deland, FL 32720
386/943-8383 • fax 386/943-3683
dray@miacf.org

2020 Dues Payment Credit Card Authorization Form

Please complete the information requested and fax this form to 386/943-3683.

CREDIT CARD PAYMENT TYPE:

MASTER CARD VISA AMERICAN EXPRESS

Please print clearly or type:

ACCOUNT #	
EXP. DATE	SECURITY CODE:
Name On Card	
Cardholder Billing Zip Code	
E-mail address (we will email receipt)	

SIGNATURE _____