

# 2010 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 \_\_\_\_\_

Web Site Address \_\_\_\_\_ Years in Business \_\_\_\_\_

May we notify you of important MIACF activities by email? Yes ( )

Annual dues are \$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, 2607 S. Woodland Blvd. #266, DeLand, FL 32720 or faxed with attached credit card form to 386/943-3683.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_



**MIACF**  
 2607 S. Woodland Blvd. #266  
 Deland, FL 32720  
 386/943-8383 • fax 386/943-3683  
 dray@miacf.org

**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 Address	
City State Zip	
E-mail address (we will email receipt)	

Please print clearly or type if different:

COMPANY NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
PHONE #:	FAX #:	EMAIL:

SIGNATURE \_\_\_\_\_ TITLE: \_\_\_\_\_