

FLORIDA CREDITORS BAR ASSOCIATION, INC. (FLCBA)

RENEWAL APPLICATION

Firm Name: _____

Address: _____

Telephone: _____ Facsimile: _____

FIRM INFORMATION:

No. of Attorneys: _____ No. of Collectors: _____ Total No. of Staff: _____

COMMITTEE SIGN UP

The FLCBA has several committees made up of both Board Members and general members of the FLCBA. If you are interested in joining a committee, please indicate your preference next to your e-mail address. Please indicate below which committee you would be interested in joining.

Member Services - Newsletter, membership (recruitment and reviewing), list service, and local socials

Fundraising - Raising money to pay for lobbyist, sponsorships (conference, newsletter, judicial dinners, etc.)

Conference - Conference, speakers, materials, venue

Education - CLE, Webinars, brief bank

Laws and Legislation - Reviewing and responding to issues, proposed rules, Legal aid and proposed legislation

Lobbying

PAYMENT INFORMATION – Payment by check is preferred (please check one)

_____ I enclose a check in the amount of (\$250.00 or \$1,000.00)* payable to Florida Creditors Bar Association with this application.

_____ I authorize FLCBA to charge my credit card in the amount of: ____ \$250.00 or ____\$1,000.00.

Name on Card: _____

Card Number: _____

Card Address: _____

Card Zip Code: _____ Expiration Date: _____ CVV: _____

MasterCard _____ Visa _____ American Express _____

Signature

FLCBA will process this payment through Debski & Associates, P.A.

***\$200.00 of the \$250.00 per person dues and \$800.00 of the \$1,000.00 group rate dues will be used for lobbying purposes and is not tax deductible.**

By completing this form, each attorney listed below acknowledges that they have read and understand all provisions of their Membership Application, will comply with all terms and provisions of the FLCBA Bylaws and attest that they meet the qualifications for membership listed in the Bylaws. By signing this renewal form, each attorney hereby authorizes FLCBA to communicate by facsimile and e-mail, and agrees to their e-mail being added to be added to the FLCBA Listserve.

<u>Renewing Member</u>	<u>Signature</u>	<u>E-mail Address</u>	<u>Committee</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Please mail completed application to Florida Creditors Bar Association, Inc., P.O. Box 47718, Jacksonville, Florida 32247 or e-mail to ejbrown@bmdpl.com (If paying by credit card only).