



Associate Membership Application

Attached is the form for you to submit required information for consideration of your businesses' membership in the Florida Attractions Association. If you have any questions, simply call (850) 222-2885 for assistance.

The membership process requires completion of the Application Form.

Once completed, you may return the forms by email, fax, or mail.

A \$150 non-refundable application fee is required with your application submission for Supplier and Tourism Associate application. DMO Associate application fee is \$75. Dues will be prorated from the date of acceptance.

If your application is accepted, you will have 30 days to complete financial arrangements and complete requisite information regarding contacts for your business.

For information on the definitions of the three Associate membership categories, or to view benefits and dues information, please visit our membership web site – www.FloridaAttractions.org/JoinUs

Telephone: (850) 222-2885

Mail: Florida Attractions Association
1114 North Gadsden Street
Tallahassee FL 32303

Email: info@FloridaAttractions.org

Fax: (850) 222-3970

Associate Membership Application

ASSOCIATE CATEGORY

(please see web site for definitions)

Supplier Associate Tourism Associate DMO Associate

MEMBERSHIP CRITERIA

Does your business operate in a manner consistent with the Florida Attractions Association Code of Practices, where applicable?

Yes No

Has your business been open for business for a period of 12 consecutive months?

Yes No

Tourism Associate Applicants only:

Is your business family-oriented allowing and encouraging the attendance and participation of both adults and minors in the majority of its activities and does not exclude minors from attendance and participation in its primarily advertised activities?

Yes No

CONTACT INFORMATION

Contact Name of Representative _____

Title _____

Name of Business _____

Mailing Address _____

City _____ State _____

Zip Code _____ - _____ County: _____

Administrative Telephone (_____) _____

Administrative Fax (_____) _____

Contact Name's Direct Line (_____) _____

Contact Name's E-mail Address _____@_____

Visitor Information Telephone (_____) _____

Web Address _____

BUSINESS SUMMARY

Please submit a brief statement describing your business. Also, please describe why membership in the Florida Attractions Association would be of mutual benefit to your operation and the Association.

How did you learn about membership in the Florida Attractions Association?

FAA Web Site

Contact from a Current FAA Member (who?) _____

Contact from FAA Staff

Other _____

Signature of person representing applicant business _____

Print Name _____

Date _____ Title _____