

FLORIDA STAMP DEALERS' ASSOCIATION, INC.

P. O. Box 20463
Bradenton, FL 34204

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Florida Stamp Dealers' Association, Inc. I agree, if accepted, to be bound by the Articles of Incorporation, By-Laws, Code of Ethics, and Pledge of the Association, with which I have familiarized myself.

MEMBERSHIP REQUIREMENTS: Current By-Laws require that to be approved for membership in the Florida Stamp Dealers' Association, Inc., a person must have been either a full-time dealer for at least one year or part-time dealer for at least two years.

REFERENCES: Two personal and three trade references, including their complete addresses, must be provided.

DUES: Current dues are \$35.00 per calendar year. There is a \$10.00 application fee. A check in the amount of \$45.00, payable to the FSDA, must be attached to this application. All applications approved on or after September 1 of any calendar will result in dues for the following calendar year to be considered *Paid in Full*.

All questions concerning membership in the Florida Stamp Dealers' Association, Inc. should be addressed to one of the following:

Lucy Bricker, Secretary - Telephone 941-907-6604, email: mto.stamps@gte.net
Sheldon Rogg, President - Telephone: 727-848-7697, email: h.rogg@verizon.net
Randy Savedow, Membership Chairman - Telephone: 904-672-1673, email: savedow@aol.com

Please type or print all information:

NAME _____

TRADE NAME _____

ADDRESS: Business: _____

City _____ ST _____ Zip _____ Telephone _____

Home: _____

City _____ ST _____ Zip _____ Telephone _____

YEARS ENGAGED IN BUSINESS: Full-Time _____

Part-Time _____

SALES TAX NUMBER: Florida _____

Other _____

Please attach copies of sales tax certificate(s)

Current Philatelic Memberships: _____

Former Philatelic Membership and Reason for Termination _____

DATE OF BIRTH _____ CITY _____ ST _____

PERSONAL REFERENCES: (1) _____
Address _____
City _____ ST _____ Zip _____

(2) _____
Address _____
City _____ ST _____ Zip _____

TRADE REFERENCES: (1) _____
Address _____
City _____ ST _____ Zip _____

(2) _____
Address _____
City _____ ST _____ Zip _____

(3) _____
Address _____
City _____ ST _____ Zip _____

SPECIALTIES: _____

_____ Application fee and one year's dues enclosed. Total \$45.00.

_____ Names and complete addresses of two (2) personal and three (3) trade references supplied.

_____ Sales tax number(s) and certificate(s) supplied.

To be considered a complete application, all of the above must be checked and the necessary information enclosed. This application will not be processed if any item is incomplete or missing.

Signature _____

FSDA Sponsor's Signature _____

I (**do** or **do not**) know this applicant personally)

Please do not write below this line

Application Received _____ Application Approved _____

Application Delayed _____ Application Rejected _____

Applicant Notified _____ Member Number _____