



Florida Limousine Association, Inc.
21346 St Andrews Boulevard Suite #126
Boca Raton, FL 33433-2432
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APPLICATION FOR GENERAL MEMBERSHIP

\$ 150.00

Company Name: _____

Address: _____

City /State /Zip: _____

One Authorized Representative: _____ Title: _____

Local } Phone: (_____) _____ Fax } Phone: (_____) _____ Toll } _____
 Free: (_____) _____

E-mail } Address: _____ URL } _____
 web page: } www. _____

-----VITAL INFORMATION-----

Business Entity: Corporation () Partnership () Sole Proprietor ()

What Year Incorporated: _____ (Attach copy of Corporate Annual Renewal Form)

Any d/ b/ a's: _____

Occupational License from what City or County: _____

Business Permit from where: (List All: County, Aviation, Port, City & others)
 (Must attach copy of all legal operating permits for approval)

- | | |
|----------------|-------|
| MIAMI-DADE CO | _____ |
| MIA | _____ |
| POM | _____ |
| PMC | _____ |
| BROWARD CO | _____ |
| FLL | _____ |
| PORT EVERGLADE | _____ |
| PALM BEACH CO | _____ |
| BOCA RATON | _____ |

Do you belong to the NLA: ___ Yes ___ No, not yet

Do you belong to the TLPA: ___ Yes ___ No, not yet

This application is not valid until the "FLA" receives a CERTIFICATE OF INSURANCE from your carrier naming the "FLA" as an additional insured with a 30-day cancellation notice to your policy:

Insurance Agent: _____ phone #: _____

Insurance Company: _____ Coverage Limits: _____

Referred By: _____ Mentored by: _____

Application Received By: _____ Title: _____
 Check # _____ attached in the amount of (\$ _____) Dated: _____

Notes: ACCEPTED BY MEMBERSHIP COMMITTEE
 PASSED BY BOARD OF DIRECTORS
 AND WITHOUT OBJECTION FROM GENERAL MEMBERSHIP
 ON THE FOLLOWING START & SENIORITY DATE:

 Officer's signature and title

 date of record