

APPLICATION FOR MEMBERSHIP

Name of Business _____

Doing Business As _____

Street Address _____

City _____ State _____ Zip _____ County _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Contact Person _____

Phone (_____) _____ Fax (_____) _____

Email _____ Number of Employees _____

Signature _____ Date _____

OFFICE USE	
Date Pd. _____	Policy # _____
Check # _____	Agent _____
Amt. _____	

Membership Dues \$85 Annually
Please make check payable to FUBA.

Dues to FUBA are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as an ordinary business expense.