

# Marine Industry Association of Central Florida Membership Application



**MARINE  
INDUSTRY  
ASSOCIATION**  
CENTRAL  
FLORIDA

Contact Name \_\_\_\_\_

Company \_\_\_\_\_ No. of Employees \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Web Site Address \_\_\_\_\_ Years in Business \_\_\_\_\_

Facebook ID \_\_\_\_\_

Annual dues: \$200.

- Corporation  
 Partnership  
 Sole Proprietorship

Type of Business:

(Select the single category that best describes your business)

- Boat Dealer  
 Charter Boat or Guide  
 Distributor  
 Education  
 Insurance, Finance & Documentation  
 Manufacturer  
 Marina or Boatyard  
 Marine Professional  
 Yacht Broker  
 Other

All membership applications  
subject to approval of the  
MIACF Membership Committee.

The applicant agrees to  
observe and abide by the  
Charter and Bylaws of the  
Marine Industry Association  
of Central Florida, Inc.

All membership applications should be accompanied by a check for one years dues and mailed to: MIACF, 2607 S. Woodland Blvd. #266, DeLand, FL 32720 **or** faxed with attached credit card form to 386/943-3683.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_



**MIACF**  
2607 S. Woodland Blvd. #266  
Deland, FL 32720  
386/943-8383 • fax 386/943-3683  
dray@miacf.org

**Dues Payment Credit Card Authorization Form**

Please complete the information requested and fax this form to 386/943-3683.

**CREDIT CARD PAYMENT TYPE:**

MASTER CARD     VISA     AMERICAN EXPRESS

MIACF Dues - \$200

Please print clearly or type:

ACCOUNT #	
EXP. DATE	SECURITY CODE:
Name On Card	
Cardholder Billing Address	
City State Zip	
E-mail address (we will email receipt)	

SIGNATURE \_\_\_\_\_