

2016-17

Florida Natural Gas Association Distribution Corporate Membership Application



Florida natural gas investor owned, special districts and municipal distribution systems.

Please print or type:

Company Name: _____

Corporate Member Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (_____) _____ Fax: (_____) _____

Toll Free Number: (_____) _____

E-Mail Address: _____ Internet Address: _____

Dues for distribution companies are based on number of meters in service on the last day of the calendar year ending immediately prior to the start of the FNGA current fiscal year. Dues for Associate Members (optional) are \$20 per member to be listed in the Membership Directory.

No. of Meters _____ (See Below) = \$ _____

No. of Associates _____ x \$20 = \$ _____

Total Dues = \$ _____

Dues Structure

<u>Classification</u>	<u># of Meters</u>	<u>Annual Dues</u>	<u>Classification</u>	<u># of Meters</u>	<u>Annual Dues</u>
A	0 – 500	\$521	P	10,001-15,000	\$11,306
B	501-1,000	\$696	Q	15,001-20,000	\$13,915
C	1,001-1,500	\$870	R	20,001-25,000	\$16,521
D	1,501-2,000	\$1,392	S	25,001-30,000	\$19,131
E	2,001-2,500	\$1,913	T	30,001-35,000	\$21,740
F	2,501-3,000	\$2,434	U	35,001-40,000	\$24,350
G	3,001-3,500	\$2,958	V	40,001-45,000	\$26,957
H	3,501-4,000	\$3,478	W	45,001-50,000	\$29,568
I	4,001-4,500	\$4,001	X	50,001-60,000	\$34,783
J	4,501-5,000	\$4,522	Y	60,001-80,000	\$43,481
K	5,001-6,000	\$5,218	Z	80,001-100,000	\$52,176
L	6,001-7,000	\$6,086	AA	100,001-150,000	\$69,568
M	7,001-8,000	\$6,955	BB	150,001-200,000	\$104,352
N	8,001-9,000	\$7,827	CC	200,001-300,000	\$139,137
O	9,001-10,000	\$8,697	DD	300,001 +	\$173,919

Please list Delegates and Associates on back

Contributions or gifts to the Florida Natural Gas Association are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense. Please note federal law provides the portion of association expenses in activities for lobbying is not deductible as a business expense; the non deductible portion for FNGA dues is estimated to be 20%.

FNGA Membership Dues – (See Dues Structure on Previous Page):

\$ _____

Florida Natural Gas Political Action Committee Contribution–(*Optional*)

\$ _____

The Florida Natural Gas-PAC accepts contributions for political purposes. With these funds the Florida Natural Gas-PAC makes campaign contributions and/or expenditures in connection with political contest of candidates for seats in the Florida Senate, Florida House of Representatives, and statewide cabinet offices. The Florida Natural Gas-PAC evaluates and supports candidates who are in the best interest of the natural gas industry. The results of the lawmaking process can have a broad reaching effect on the natural gas industry. Your support of the PAC will benefit the industry. This contribution is optional and completely voluntary. The suggested contribution at a *minimum* to the Florida Natural Gas PAC is 10% calculated from your total amount of membership dues. Contributing members will be recognized in the FNGA directory, publications, and at all FNGA meetings, conventions, and conferences.

TOTAL Payment \$ _____

CHECK ENCLOSED

MASTERCARD/VISA/AmEx# _____ EXPIRATION DATE: _____

SECURITY CODE: _____

CARD BILLING ADDRESS: _____ ZIP CODE: _____

Signature _____ Date _____

Please complete this application and return it along with your check to:

Florida Natural Gas Association

Membership Dues

PO Box 11026

Tallahassee, FL 32302

Complete by August 31, 2016 to ensure your inclusion in the FNGA Membership Directory.

Distribution Corporate Delegate(s)

Total Meters	Delegate	Total Meters	Delegate
1-5,000	1	25,001-50,000	4
5,001-10,000	2	50,001 +	5
10,000-25,000	3		

Delegate Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Toll Free Number: (____) _____ E-Mail Address: _____

Delegate

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Toll Free Number: (____) _____ E-Mail Address: _____

Associate Members

Please list your associate members for the fiscal year beginning July 1 of every year. Membership fee of \$20 per associate member.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Toll Free Number: (____) _____ E-Mail Address: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Toll Free Number: (____) _____ E-Mail Address: _____

To list additional associate members, please copy this form and attach along with your application. Thank You!