

2016-17
Florida Natural Gas Association
Marketer Corporate
Membership Application



Please print or type:

Company Name: _____

Corporate Member Name (FNGA Delegate): _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(_____) _____ Fax: (_____) _____

Toll Free Number: (_____) _____

E-Mail Address: _____ Internet _____

Membership Dues for Marketer Corporate = \$ 2,088

No. of Associates _____ x \$20 = \$ _____
(please list on reverse)

Total Dues: = \$ _____

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 2016-17 Membership Dues:

\$ _____

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.

Associate Members

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

Please type or print:

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: _____

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: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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