

**2019 : JAN. 1 – DEC. 31, 2019**  
**Florida Natural Gas Association**  
**Contractor/Installer**  
**Membership Application**



*Contractor/Installer members are companies that contract to install or service natural gas appliances, install low pressure, residential and commercial piping downstream of the meter, venting equipment, etc.*

*Contractor/Installer members help comprise the Supplier section and elect their own Chairman, Vice-Chairman, Supplier Representative and Secretary/Treasurer. They may attend all meetings of the Association and participate in all FNGA activities except voting for Directors and Officers.*

Please type or print:

Company Name: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Toll Free Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Internet Address: \_\_\_\_\_

**Membership Class**

**Annual Dues**

Contractor/Installer Member = \$ 180.00

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

**TOTAL 2019 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%.

**2019 FNGA Membership Dues (JAN. 1 – DEC. 31, 2019):**

\$ \_\_\_\_\_

**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 AMOUNT DUE**    \$ \_\_\_\_\_

CHECK ENCLOSED

MASTERCARD/VISA/AmEx# \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

CARD BILLING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

***Florida Natural Gas Association  
Membership Dues  
PO Box 11026  
Tallahassee, FL 32302***

***Complete by May 1, 2019 to ensure your inclusion in the FNGA Membership Directory.***

## Associate Members

*Membership fee is \$20 per associate member to be listed in the Annual Directory.*

**Please type or print:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Toll Free Number:(\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Toll Free Number:(\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Toll Free Number:(\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Toll Free Number:(\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Toll Free Number:(\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Please list your services for inclusion in the Annual Directory**

**Appliances:** \_\_\_\_\_

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**Equipment:** \_\_\_\_\_

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**Services:** \_\_\_\_\_

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