FLORIDA OUTDOOR ADVERTISING ASSOCIATION, INC.

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MEMBERSHIP APPLICATION

Select Membership Type:

◉ **OPERATOR**..... Number of faces _____ x $1.35 = _____ per month
☐ 20 faces or less in inventory = $300 a year annually
Dues based on inventory at $1.35 per face, per month. Minimum dues for 20 faces or less in inventory assessed at $300 a year annually.

Any person, firm, corporation or other business entity engaged in the business of outdoor advertising and is licensed to engage in the business of outdoor advertising within the State of Florida pursuant to §479.04, Florida Statutes.

○ **OUTDOOR MEDIA**.....Number of faces _____ x $.65 = _____ per month
Dues based on inventory at $.65 per face, per month. Minimum dues for 40 faces or less in inventory assessed at $25.00 per month.

Any person, firm, corporation or other business entity which sells space for advertising on street furniture, transit or alternative outdoor media displays and which is not required to be licensed pursuant to §479.04, Florida Statutes.

○ **SUPPLIER**.....$300.00 annually
Any person, firm, corporation or other business entity engaged in the business of providing services or materials normally used by an outdoor advertising company.

○ **AFFILIATE**.....$200.00 annually
Any person, firm, corporation or other business entity engaged in the business using or disseminating advertising through the outdoor advertising medium.

○ **ASSOCIATE**.....$100.00 annually
Any person, firm, corporation or other business entity not meeting other classifications which is in any way interested in the development, protection and advancement of the outdoor advertising industry within the State of Florida.

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Company Name: _____

Contact Name: _____
(First , MI, Last)

Contact Title: _____

Contact Mailing Address: _____
Street #

◉ Use for dues invoicing

_____
City, State, ZIP

Contact Street Address: _____
Street #

(If different from mailing)
○ Use for dues invoicing _____
City, State, ZIP

Work Phone_____ **Mobile Phone**_____ **Fax**_____

Contact E-mail_____ **Company Website**_____

Parent Company Address:_____
(if differenct from above)
○ Use for dues invoicing _____
City, State, ZIP

Company Contact_____ **Email**_____
(if different from above)

Brief description of services and products: _____

Operator Members shall be approved provided they meet the standards and requirements of the By-laws and Articles of Inc. of the Association. Outdoor Media, Supplier, Affiliate and Associate members shall be approved by the Chairperson provided such members demonstrate clear intent to advance the interest of the outdoor advertising industry within the State of Florida.

Mail Completed Application and Payment To: FOAA, 314 N. Gadsden Street, Suite 1, Tallahassee, FL 32301
Ph: (850) 224-5838 Email: foaa@foaa.org