



an organization dedicated to promoting
fair, safe and responsible marketplace for
alcohol beverage retailing

Membership Application 2017-2018

Business Name: _____

Owner's Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone: _____ Email: _____

Cardholder Name

Credit Card Number

Billing Address

City/ST/Zip

Authorization Signature

Printed Name

VISA MASTERCARD

AMEX DISCOVER

Expiration Date

Security Code

TOTAL \$ _____

2017-2018 FISA MEMBERSHIP DUES

Your financial contribution to our effort of promoting a safe and responsible alcohol marketplace in the State of Florida will serve as your 2017-2018 membership dues. The minimum dues amount is \$500, per entity. Your financial contribution and support is greatly appreciated.

Please make checks payable to: **Florida Independent Spirits Association**
or Complete the Credit Card Information Above, or Click the quarterly PayPal option on our website

210 South Monroe Street, Tallahassee, FL 32301 850-421-9100
www.floridaindependentspiritsassociation.com