



# EDUCATIONAL/INSTITUTIONAL MEMBERSHIP APPLICATION

FLORIDA RESTAURANT & LODGING ASSOCIATION



## MEMBER INFORMATION

NAME OF SCHOOL OR INSTITUTION: \_\_\_\_\_  
 YOUR NAME: \_\_\_\_\_ TITLE (IF APPLICABLE): \_\_\_\_\_  
 YOUR PREFERRED EMAIL ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BILLING ADDRESS: (IF DIFFERENT) \_\_\_\_\_ CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PRIMARY PHONE: \_\_\_\_\_ FAX (IF APPLICABLE): \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ SCHOOL/INSTITUTION WEB ADDRESS: \_\_\_\_\_  
 ANTICIPATED GRADUATION DATE (IF STUDENT): \_\_\_\_\_

## ANNUAL DUES INVESTMENT CALCULATION

<u>Membership Category</u>	<u>Annual Dues</u>	<u>Amount Due</u>	
Student Member	<input type="checkbox"/> \$ 25	_____	<b>NOTE:</b> As an educational/institutional member, you are entitled to a single membership in FRLA and in your nearest local chapter. You may join additional chapters for \$95 each
Faculty Member	<input type="checkbox"/> \$ 95	_____	
Institutional/Affiliate Member (school, hospital, military facility, etc.)	<input type="checkbox"/> \$ 95	_____	
Additional offices, chapters or sales representatives # _____	<input type="checkbox"/> \$95 each X number =	_____	* May we thank you for your PAC or Educational Foundation contribution in the FRLA magazine or newsletter? _____yes _____no
FRLA PAC Contribution*	\$ 25	\$ 25*	
Educational Foundation Contribution*	\$ 25	\$ 25*	
<b>TOTAL DUES PAYMENT (Please calculate):</b>		_____	

\* If you do not wish to participate in either supporting the industry politically or supporting its future leaders, you may decline the FRLA PAC and Educational Foundation fees of \$25 each.

As an educational/institutional member of FRLA, you will receive free subscriptions to **FR&L Magazine**, the **Hospitality Hotline** e-newsletter and other FRLA publications, bulletins and alerts. You are also eligible for Member discounts on applicable goods and services, and free admission to our annual trade show. For more information, contact the Membership Department at 850/224-2250.

## PAYMENT INFORMATION

METHOD OF PAYMENT (CHECK ONE):  CHECK  AMERICAN EXPRESS  VISA  MASTERCARD  DISCOVER/NOVUS

CARD NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I (we) wish to affiliate with other professional hospitality leaders in Florida to receive the membership benefits of the Florida Restaurant & Lodging Association. I (we) pledge to the Florida Restaurant & Lodging Association that this we will operate according to the Code of Ethics of the FRLA. I (we) have enclosed the correct annual dues amount corresponding to the dues category for which I qualify, as indicated on the dues investment calculation form above.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMISSION STATEMENT:** By providing your fax number and email address, you are agreeing to receive timely information as well as fax advertisements from the FRLA, including but not limited to: newsletters, blast fax announcements, fundraising information, trade show materials and special membership deals and discounts.

**DEDUCTIBILITY:** Dues are not tax deductible as charitable contributions but may be deducted as ordinary and necessary business expense. If you join FRLA, 75% of your dues is not deductible as business expense as a result of FRLA lobbying activity.

PLEASE REMIT DUES TO: **FRLA**, P.O. BOX 1779, TALLAHASSEE, FL 32302-1779 or FAX to 850-224-1590.  
 You can also join online at [www.frla.org](http://www.frla.org)