



**FLORIDA  
RESTAURANT &  
LODGING  
ASSOCIATION**

# Allied

## Membership Application

Florida Restaurant & Lodging Association

### MEMBER INFORMATION

Business Name \_\_\_\_\_ Franchise/Chain? Yes \_\_\_\_\_ No \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(if different from Location address above)  
Business Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Corporate Name (if different from name noted above): \_\_\_\_\_  
Billing Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Primary Contact (non-billing) \_\_\_\_\_ Title \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
THIS MEMBERSHIP SOLICITED BY: \_\_\_\_\_

### ANNUAL DUES INVESTMENT CALCULATION

<u>Sales Volume Category</u>	<u>Annual Dues</u>	<u>Amount Due</u>	<b>NOTE:</b> As an Allied member, you are entitled to a single membership in FRLA and in one local chapter. You may add sales reps/offices and/or join additional local chapters for \$225 each
\$5,000,000 or more	<input type="checkbox"/> \$ 795	_____	
Less than \$5,000,000	<input type="checkbox"/> \$ 600	_____	
Additional offices, chapters or sales representatives # _____	<input type="checkbox"/> \$ 225 each X number _____	_____	
FRLA PAC Contribution (optional)		\$ 25.00	<div>Please see page 2 in order to add additional contact information.</div>
Educational Fdn Contribution (optional)		\$ 25.00	

**TOTAL DUES PAYMENT:** \_\_\_\_\_

### ALLIED MEMBER BUYERS GUIDE LISTING

**As a paid Allied member of FRLA, you are entitled to a FREE listing in the FRLA Online Buyers Guide.** To ensure that your business is properly listed, please list your six (6) most appropriate products/services below, from the options on the provided category document [HERE](#).

My Products/Services (for Buyers Guide): \_\_\_\_\_

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## PAYMENT INFORMATION

### THREE OPTIONS TO PAY:

1. online at <https://frla.org/membership/join/>
2. by check - made payable to: Florida Restaurant & Lodging Association  
mail to: FRLA, 230 S Adams Street, Tallahassee, FL 32301
3. by credit card *(see below for details needed)*:

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip code \_\_\_\_\_

Name on Card \_\_\_\_\_

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

**Please see page 3 to choose your FRLA Chapter Affiliation**

# CHOOSE YOUR CHAPTER

Chapter	Counties Included in Chapter Region
<input type="checkbox"/> Bay	Bay
<input type="checkbox"/> Broward	Broward
<input type="checkbox"/> Central Florida	Orange, Osceola, Seminole
<input type="checkbox"/> Charlotte	Charlotte, Glades
<input type="checkbox"/> Citrus	Citrus
<input type="checkbox"/> Collier	Collier
<input type="checkbox"/> EscaRosa	Escambia, Santa Rosa
<input type="checkbox"/> Forgotten Coast	Franklin, Gulf
<input type="checkbox"/> Hillsborough	Hillsborough
<input type="checkbox"/> Lake	Lake, Sumter
<input type="checkbox"/> Lee	Lee
<input type="checkbox"/> Miami Dade	Miami-Dade
<input type="checkbox"/> Monroe	Monroe
<input type="checkbox"/> North Central Florida	Alachua, Baker, Bradford, Columbia, Gilchrist, Hamilton, Lafayette, Suwannee, Union
<input type="checkbox"/> Northeast	Clay, Duval, Nassau, Putnam, Saint Johns
<input type="checkbox"/> Northwest Florida	Calhoun, Holmes, Jackson, Okaloosa, Walton, Washington
<input type="checkbox"/> Ocala	Dixie, Levy, Marion
<input type="checkbox"/> Palm Beach	Hendry, Palm Beach
<input type="checkbox"/> Paradise Coast	Collier
<input type="checkbox"/> Pasco Hernando	Hernando, Pasco
<input type="checkbox"/> Pinellas	Pinellas
<input type="checkbox"/> Polk	Highlands, Polk
<input type="checkbox"/> Space Coast	Brevard
<input type="checkbox"/> Suncoast	Desoto, Hardee, Manatee, Sarasota
<input type="checkbox"/> Tallahassee	Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla
<input type="checkbox"/> Treasure Coast	Indian River, Martin, Okeechobee, Saint Lucie
<input type="checkbox"/> Volusia	Flagler, Volusia

## ADDITIONAL CONTACT INFORMATION

Contact Name \_\_\_\_\_ CHAPTER \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address (if different than org address) \_\_\_\_\_

Contact Name \_\_\_\_\_ CHAPTER \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address (if different than org address) \_\_\_\_\_