



**2015 FSCA Membership Application – New Members**

Member Firm: \_\_\_\_\_

Total Volume (all locations): \_\_\_\_\_

Applicable Dues:	0-49	<del>\$300</del> \$150	50-99	<del>\$600</del> \$300	100-199	<del>\$1000</del> \$500
	200-299	<del>\$1500</del> \$750	300-499	<del>\$2500</del> \$1250	500-999	<del>\$5000</del> \$2500
(# of services)	1000+	<del>\$6000</del> \$3000				

**Voluntary Contribution to the FSCA** \_\_\_\_\_

**Total Payable Due Upon Receipt** \$ \_\_\_\_\_

Member Firm (principle location): \_\_\_\_\_

Main Contact: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Branch Locations (name):**

**1.** \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Receive Mailings?: \_\_\_\_\_ Faxes?: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**2.** \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Receive Mailings?: \_\_\_\_\_ Faxes?: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**3.** \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Receive Mailings?: \_\_\_\_\_ Faxes?: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**4.** \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Receive Mailings?: \_\_\_\_\_ Faxes?: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_