

# FAREA MEMBER APPLICATION

**YES! I want my voice to be heard.**  
*Include me as a member of FAREA.*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
BUSINESS / ORGANIZATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY ZIP

\_\_\_\_\_  
PHONE CELL

\_\_\_\_\_  
EMAIL

*Enclosed are my annual dues. \$25 per member.*  
*Check payable to: FAREA*

MAIL THIS APPLICATION & DUES TO:

FAREA Member Services  
1311 N. Paul Russell Road, B-203  
Tallahassee, FL 32301

FOR MORE INFORMATION, CONTACT:

850-421-5700 office  
850-671-5701 fax

**Doug Treadway**



1311 N Paul Russell Rd B203 • Tallahassee, FL 32301 • [www.farea.org](http://www.farea.org)