

APPLICATION FOR MEMBERSHIP

I am: A New Member

Renewing my Membership

Note: All new applications are considered pending until approved by the Board of Directors at the next scheduled meeting.

Company: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip: _____ County: _____
 Voting Representative: _____ Email: _____

For new applications:

Please list sponsor or Member company:

Would you like information about your local chapter: Yes No

For renewal applications:

If you are a renewing member, please list chapter affiliation here: _____

If you are renewing, please indicate most recent membership year: _____

Please indicate your Category and enclose relevant dues

	Annual Dues
___ A Manufacturer	\$380.00
___ B Distributor	\$325.00
___ C Contractor	\$250.00
___ D Consultant, P.E., L.A.	\$250.00
___ E Irrigation System Operator	\$250.00
___ F Associate	\$60.00
___ G Technical	\$60.00
___ H Student	\$20.00
___ I Supporting	\$150.00

Helpful Category Information:

- *Associate Members are employees of current FIS Member firms in categories A-E.**
- *Technical Members are individuals employed by educational institutions or governmental agencies.**
- *Students retain all Membership rights except voting Representation.**
- *Supporting Members are individuals that wish to be members that are not in the irrigation industry. (Example: Insurance Agents, Auto Dealers, etc.)**

Please tell us about yourself so we can better serve your specific industry needs

- | | |
|---|--|
| ___ Installer of Irrigation Systems | ___ Registered Professional Engineer |
| ___ Dealer in irrigation equipment | ___ Registered Landscape Architect |
| ___ Distributor in irrigation equipment | ___ Certified IA Designer |
| ___ Irrigation System Design only | ___ Certified Landscape Irrigation Auditor |
| ___ Manufacturer | ___ Other Certifications: _____ |
| ___ Well Driller | _____ |
| ___ Operator of Irrigation Systems | _____ |

If your business is located in a county that requires an irrigation contractor license through testing, please provide your license number and county for Membership Directory listing.

License #: _____

County: _____

Applicant Signature & Date

Sponsor Signature & Date (New Members Only)

Payment may be made by check or credit card. Make Check payable to Florida Irrigation Society or go to www.fisstate.org to pay by credit card.