

Florida Stamp Dealers' Association, Inc.

P.O. Box 20463 Bradenton FL 34204

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Florida Stamp Dealers' Association, Inc. I agree, if accepted, to be bound by the Articles of Incorporation, By-Laws, Code of Ethics, and Pledge of the Association, with which I have familiarized myself.

MEMBERSHIP REQUIREMENTS: Current By-Laws require that to be approved for membership in the Florida Stamp Dealers' Association, Inc., a person must have been either a full-time dealer for at least one year or part-time dealer for at least two years.

REFERENCES: Two personal and three trade references, including their complete addresses, must be provided.

DUES: Current dues are \$40.00 per calendar year. There is a \$10 application fee. A check in the amount of \$50, payable to the FSDA, must be attached to this application. **All applications approved on or after September 1 of any calendar will result in dues for the following calendar year to be considered *Paid in Full*.**

All questions concerning membership in the Florida Stamp Dealers' Association, Inc. should be addressed to one of the following:

Robert Davison, President - Phone: 941.756.5908, e-mail: bondoqb@verizon.net

Lucy Bricker, Secretary - Phone: 941.993.0919, e-mail: mto.stamps@gte.net

Francis Ferguson, Treasurer - Phone: 407.493.0956, e-mail: ferg@FloridaStampShows.com

Please type or print all information (write NONE if not applicable)

NAME _____

TRADE NAME _____

ADDRESS: Business: _____

City _____ ST _____ Zip _____

Business phone(s): _____ FAX: _____ Cell: _____

Home: _____

City _____ ST _____ Zip _____ Phone _____

E-Mail: Public (Web) _____ Private (FSDA use only) _____

Your company website address is: _____

FSDA Newsletter – Do you want to access it on the ___ website or ___ hard copy sent to you via mail?

YEARS ENGAGED IN BUSINESS: Full-Time _____ Part-Time _____

SALES TAX NUMBER: Florida _____ Other _____

Please attach copies of sales tax certificate(s)

www.FloridaStampDealers.org

Professional stamp dealers dedicated to providing the highest level of service to collectors

Current Philatelic Memberships: _____

Former Philatelic Membership and Reason for Termination: _____

DATE OF BIRTH: _____ CITY _____ ST _____

Specialties to be listed on the web site: _____
(Limit to 120 characters) _____

PERSONAL REFERENCES: (1) _____

Address _____

City _____ ST _____ Zip _____

(2) _____

Address _____

City _____ ST _____ Zip _____

TRADE REFERENCES: (1) _____

Address _____

City _____ ST _____ Zip _____

(2) _____

Address _____

City _____ ST _____ Zip _____

(3) _____

Address _____

City _____ ST _____ Zip _____

_____ Application fee and one year's dues enclosed. Total \$50.

_____ Names and complete addresses of two (2) personal and three (3) trade references supplied.

_____ Sales tax number(s) and certificate(s) supplied.

To be considered a complete application, all of the above must be checked and the necessary information enclosed. This application will not be processed if any item is incomplete or missing.

Signature _____

Date _____

Please do not write below this line

Application Received _____ Application Approved _____

Application Delayed _____ Application Rejected _____

Applicant Notified _____ Member Number _____

[Version 2016.05.A]