

Florida Association of Sinkhole Stabilization Specialists

Application for Membership

Type of Membership Applied For (circle one): Full - Associate - Affiliate

Corporate Name:

DBA:

Incorporation Date:

Physical Address:

Mailing Address:

Telephone #:

Fax Number:

E-mail:

Officer Names:

President:

Vice President:

Secretary:

Treasurer:

Describe your interest in joining FAS3:

Describe your corporate history (attach additional sheets if required):

Indicate the owners and their percentage of ownership.

For Affiliate Member applicants only, describe your services and/or products:

Florida Association of Sinkhole Stabilization Specialists

For Geologists: Name(s) & License and Business Number(s)

For Contractors: Name(s) of License Holder(s), Type and Date:

For Full or Associate Membership Applicants:

**For Engineers: Name(s) & License and Business Number(s):
Worker's Compensation Insurance Program, include documentation to show that program has been and is in effect.**

Liability Insurance Program, include documentation to show that the program has been and is in effect along with incident and policy limits of at least \$1,000,000.

For Contractors and Engineers, have complaints been lodged against your license or company with the Dept. of Business and Professional Regulation. If so, include documentation on each incident including resolution. Include any pending actions not yet resolved.

For all applicants, are you a member of the Better Business Bureau? If so, provide locality and address. Include documentation of any complaints and their resolution.

Applications must be received and deemed complete at least 15 days prior to the next scheduled Board of Directors meeting date to be considered for vote. A response will be sent to the applicant as to their membership status within 10 days after the meeting date.

By signing and submitting this application for membership to the Florida Association of Sinkhole Stabilization Specialists, you are stating that you and/or your company agree to the rules and tenets of the Association, (a copy of the By-Laws is included). A prompt review of the information included in this application will be made. Additional information may be required after review by the Membership Committee.

Florida Association of Sinkhole Stabilization Specialists

Applicant signature

Date

Print name

Sponsored

Date

[] **number of attached sheets included with application.**