



FMBAA

MEMBERSHIP FORM

Date _____ Gallery Sitter Name _____

Current Member Renewing? Yes _____ Member # _____

New Member? Yes _____ No _____

(Note: If you are a new member joining in October, November or December of 2025, you will pay \$75.00 membership dues at this time and will not be required to pay again until January 1, 2027)

Member Name _____

Nickname _____ Spouse/Partner _____

Phone Number _____

Florida Address _____

Months in Florida _____

Out of State
Address _____

E-Mail Address (Must Have) _____

PAYMENT AMOUNT: \$ _____

Payment Method: Cash _____ Check _____ Credit _____