



FLGISA 2011-2012 MEMBERSHIP FORM

125 East Colonial Drive • Orlando, FL • 32801

Phone 407-367-1850 • Fax 407-425-9378

www.flgisa.org

City/County Jurisdiction: _____

Mailing Address: _____

City and Zip Code: _____

Representative's Phone Number: _____

Representative's Name: _____

Representative's Title: _____

Representative Email Address: _____

Jurisdiction Web Address: _____

Membership Year - 10/01/2011-9/30/2012

Membership Cost - \$175.00

****The jurisdiction is the member. Only one voting representative per jurisdiction****

Method of Payment: Check (payable to FLGISA) VISA MasterCard

Amount Enclosed: \$ _____

Credit Card Number: _____ Exp Date: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____

Email Receipt to: _____

NOTE: The charge on your credit card statement will read **Florida Local Government Information Systems Association**

Please return a copy of this form with your payment.

Mail: 125 E Colonial Dr, Orlando, FL 32801, Attention: Becky Brennan

Fax: 407-425-9378, Attention: Becky Brennan
