



2019 FSCA Membership Application – New Members

Member Firm: _____

Total Volume (all locations): _____

Applicable Dues:	0-49	\$450 \$225	50-99	\$900 \$450	100-199	\$1500 \$750
	200-299	\$2250 \$1125	300-499	\$3750 \$1875	500-999	\$7500 \$3750
(# of services)	1000+	\$9000 \$4500				

Voluntary Contribution to the FSCA _____

Total Payable Due Upon Receipt \$ _____

Member Firm (principle location): _____

Main Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ E-Mail: _____

Branch Locations (name):

1. _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Receive Mailings?: _____ Faxes?: _____

Phone: _____ Fax: _____

E-Mail: _____

2. _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Receive Mailings?: _____ Faxes?: _____

Phone: _____ Fax: _____

E-Mail: _____

3. _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Receive Mailings?: _____ Faxes?: _____

Phone: _____ Fax: _____

E-Mail: _____

4. _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Receive Mailings?: _____ Faxes?: _____

Phone: _____ Fax: _____

E-Mail: _____