



FMO Membership Application



Complete the information below and return this portion along with your check to FMO
 325 John Knox Rd, L103,
 Tallahassee, FL 32303 *OR* Scan w/
 Credit Card info and Email to:
 members@fmo.org
 Questions? Call 850-205-5642

- SAVE A STAMP!** You can join on the FMO Website - www.fmo.org
- One-Year FMO Membership for \$25 (U.S. Funds)
- Three-Year FMO Membership for \$65 - **Best Value** (U.S. Funds)



Note: Fields with * are required PLEASE PRINT LEGIBLY

Only the two individuals listed below are eligible for membership

Date: _____

*Name: _____

Birth Date (optional): _____

Co-Member: _____

*Florida Address: _____

*City, Zip: _____

*Phone: (s) () _____

*Park Name: _____

*I am a: Lot Renter Owner Other _____

*Email Address: _____

Membership Card: Email Mail None

Deliver FMO Magazine by: Email Mail Neither

Number of registered Florida voters in household: _____

I am an American Veteran: Yes No

Recruiter Name: _____

Membership # _____

Non-Florida Address (if applicable)

Address: _____

City: _____

State & Zip: _____

Check off which months you **DO NOT** live in Florida.

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr |
| <input type="checkbox"/> May | <input type="checkbox"/> Jun | <input type="checkbox"/> Jul | <input type="checkbox"/> Aug |
| <input type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |

We are unable to mail the FMO Magazine out of the U.S.
It can be obtained via email or online at www.fmo.org.

To pay with credit card:

- MasterCard Visa Discover AMEX

Card # _____

C V V on back _____

Exp. Date: _____ Phone () _____

Signature: _____

*****Keep this bottom portion as your receipt. Return the application portion to FMO*****

Please enclose a check payable to FMO. US Funds only. Do NOT send cash.

Questions? Call Membership at 850.205.5642 or email members@fmo.org

Thank You for joining the only organization fighting for the rights of manufactured/mobile home owners!

Date: _____ Check Number: _____ Check Amount: _____ US Funds

Check Payee: _____

