

FSCM MEMBERSHIP RENEWAL APPLICATION

Please complete the information below and return with your payments to:

Kevin Felker
735 Shady Oaks Circle
Oxford, Mississippi 38655

PLEASE RETURN BY APRIL 1, 2020

MAIN CONTACT INFORMATION

This person will receive all notices and will represent the company at meetings, etc.

Name:

Title:

Current address:

City:

State:

ZIP Code:

Office Phone:

Mobile Phone:

Email:

COMPANY INFORMATION

Name of Company:

d/b/a if applicable:

Current Address:

City:

State:

ZIP Code:

Phone:

Email:

OTHER CONTACTS YOU WISH TO RECEIVE INFORMATION FROM FSCM

You may add additional employees on a separate sheet

Name:

CITY:

EMAIL:

Phone:

NAME:

CITY:

E-mail:

PHONE:

NAME:

CITY:

EMAIL:

PHONE:

MEMBERSHIP FEES

First Store Front		\$500
Each Additional Store Front	_____ x \$150	\$
Internet Lending Companies		\$2500
TOTAL	(Maximum \$2500.00)	\$

PAC CONTRIBUTION

Must be a separate check made payable to FSCM PAC

Mail to same address as above

\$100 x _____ Store fronts \$

SIGNATURES

I certify that all information is correct.

Signature of applicant: Date:

Printed name of applicant:

EXAMPLE for a business with 5 stores:
MEMBERSHIP DUES: 1st store = \$500 / 4 stores @ \$600 : 1st check made payable to FSCM for \$1100
PAC CONTRIBUTION: 5 stores x \$100 = \$500: 2nd check made payable to FSCM PAC for \$500
BOTH CHECKS MAILED TO THE ADDRESS ABOVE