

FSCM MEMBERSHIP RENEWAL APPLICATION

Please complete the information below and return with your payments to:
 Kevin Felker
 735 Shady Oaks Circle
 Oxford, Mississippi 38655

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 \$225	\$
Internet Lending Companies		\$2500
TOTAL	(Maximum \$3025.00)	\$

PAC CONTRIBUTION

Must be a separate check made payable to FSCM PAC

Mail to same address as above

\$100 x _____ Store fronts	\$
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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 @ \$900 : 1st check made payable to FSCM for \$1400
 PAC CONTRIBUTION: 5 stores x \$100 = \$500: 2nd check made payable to FSCM PAC for \$500
 BOTH CHECKS MAILED TO THE ADDRESS ABOVE