

2024: JAN. 1 – DEC. 31, 2024

Florida Natural Gas Association
Marketer Corporate
Membership Application



Please type or print:

Company Name: _____

Representative: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax (____) _____

Toll Free Number: (____) _____

E-Mail Address: _____ Internet Address: _____

Membership Class

Annual Dues

2024 Membership Dues for Marketer Corporate: \$2,888

No. of Associates: _____ x \$20/each = \$ _____
(please list on page provided)

Total 2024 Membership Dues: \$ _____

Contributions or gifts to the Florida Natural Gas Association are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense. Please note federal law provides the portion of association expenses in activities for lobbying is not deductible as a business expense; the non deductible portion for FNGA dues is estimated to be 20%.

2024 FNGA Membership Dues (JAN. 1 – DEC. 31, 2024):

\$ _____

Florida Natural Gas Political Action Committee Contribution–(Optional)

\$ _____

The Florida Natural Gas-PAC accepts contributions for political purposes. With these funds the Florida Natural Gas-PAC makes campaign contributions and/or expenditures in connection with political contest of candidates for seats in the Florida Senate, Florida House of Representatives, and statewide cabinet offices. The Florida Natural Gas-PAC evaluates and supports candidates who are in the best interest of the natural gas industry. The results of the lawmaking process can have a broad reaching effect on the natural gas industry. Your support of the PAC will benefit the industry. This contribution is optional and completely voluntary. The suggested contribution at a *minimum* to the Florida Natural Gas PAC is 10% calculated from your total amount of membership dues. Contributing members will be recognized in the FNGA directory, publications, and at all FNGA meetings, conventions, and conferences.

TOTAL AMOUNT DUE \$ _____

CHECK ENCLOSED

MASTERCARD/VISA/AmEx# _____

EXPIRATION DATE: _____ SECURITY CODE: _____

CARD BILLING ADDRESS: _____ ZIP CODE: _____

Signature _____ Date _____

Please complete this application and return it along with your check to:

***Florida Natural Gas Association
Membership Dues
PO Box 11026
Tallahassee, FL 32302***

****Please submit for processing before May 31, 2024 for inclusion in the annual printed membership directory.***

Associate Members

Associate Membership fee is \$20 per additional associate member to be printed in the annual directory.

Please type or print:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:(_____) _____ Fax:(_____) _____

Toll Free Number:(_____) _____ E-Mail Address: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:(_____) _____ Fax:(_____) _____

Toll Free Number:(_____) _____ E-Mail Address: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:(_____) _____ Fax:(_____) _____

Toll Free Number:(_____) _____ E-Mail Address: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:(_____) _____ Fax:(_____) _____

Toll Free Number:(_____) _____ E-Mail Address: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:(_____) _____ Fax:(_____) _____

Toll Free Number:(_____) _____ E-Mail Address: _____