

**Florida Marine Contractors
Association**
c/o Kelly White
1622 Hickman Road
Jacksonville, FL 32216
904-880-8881
www.myfmca.org

Officers

President, Michael Williams
BoardMember@myfmca.org
Vice President, Halley Lavato
BoardMember@myfmca.org
Treasurer, Jan Hogeboom
BoardMember@myfmca.org
Secretary, Jayne Card
BoardMember@myfmca.org
2nd Vice President, Matt DeMasi
BoardMember@myfmca.org
Past President, Steve Ryder
BoardMember@myfmca.org

Executive Director

Kelly White
ExecutiveDirector@myfmca.org
904-880-8881

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BoardMember@myfmca.org
South Florida
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Southwest Florida
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Tampa Bay
James March
BoardMember@myfmca.org
Panhandle
Clay Hannah
BoardMember@myfmca.org
Central Florida
Michael Williams
BoardMember@myfmca.org

The Professional Trade
Association
For the Marine Construction
Industry

A Florida Not for Profit 501 (C)(6)

Application for FMCA Membership

Date: _____
Type of application (check one)
☐ Affiliate ☐ Associate ☐ Contractor ☐ Professional
Company Name: _____
Name of representative: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Mobile: _____
Email: _____ Website: _____

Method of Dues Payment (Check one)

☐ A check or cashiers check for first year dues is attached!
☐ Visa, MasterCard, American Express (acct #) _____
(name of card) _____, (exp date) _____
(zip) _____

***3%processing fee applies for credit card purchases**

First Year Dues: \$400, including a \$250 contribution to the "Save a Dock Fund", prorated for a common anniversary date of July 1.

Dues paid July, August, September will be	\$400 plus \$250
Dues paid October, November, December will be	\$300 plus \$250
Dues paid January, February, March will be	\$200 plus \$250
Dues paid April, May, June will be	\$100 plus \$250

Renewal Dues: \$400, including a \$250 contribution to the "Save a Dock Fund" every July 1 thereafter.

Brief Description of Your Business:

Memberships in marine-related, trade or professional associations:

Name of FMCA Sponsor (optional):
Sponsor firm:

FMCA By-Laws require that the following documentation must be attached to a Contactor application:

Copies of a valid contractor's license and county business tax certificate.

Enter License # here: _____

Certificate of workers compensation coverage under Class Code 6006F.

Evidence of bonding OR one bank and two supplier references.

Description of five marine contracting projects completed in the past three years, including name, location, type, size and owner address.

(Sponsor may waive this requirement.)

Florida counties where you work: _____

Application is hereby made for membership as a Member of the Florida Marine Contractors Association, Inc.

I agree to abide by the Code of Ethics and rules of the Association and offer my active support toward the attainment of Association goals. I grant permission of Membership Committee representative to visit our facilities and any completed projects at mutually convenient times. In the event I do not pay my renewal dues,

I agree to cease using all FMCA marketing materials including but not limited to logo's and website representation.

Signature: _____ Title: _____