

## 2018 Membership Dues Membership Year 01/01/18 to 12/31/18

## FULL (Government Employee)



## Go to fsms.org to Renew Online (Call for login credentials)

2018 Chapter Dues - (please circle the Chapter(s) from the list below)  Broward - \$35	Addro Tel: Emai Date	e Address: ess Line 2: l: of Birth: ty of Reside	ence:	PSM#: District: Chapter:  Employer LB#: Employer Phone:			
2018 Geospatial Users Group membership dues \$25  2018 Young Surveyors Network (for our 39 years old and under members) \$10 \$  2018 Chapter Dues - (please circle the Chapter(s) from the list below)  Broward - \$35  Emerald Coast - \$20  Miami-Dade - \$50  Ridge - \$25  Central Florida - \$40  Florida Crown - \$30  North Central Florida - \$35  Space Coast - \$25  Charlotte Harbor - \$25  Gulf Coast - \$25  Northwest Florida - \$20  Tampa Bay/West Central - \$  Chipola Area - \$25  Indian River - \$25  Palm Beach - \$50  Volusia - \$30  Collier-Lee - \$20  Manasota - \$20  Panhandle - \$40  Voluntary Contributions:  Disaster Relief Fund  FSMS Scholarship Fund  \$  TOTAL ENCLOSED: \$  You may pay your membership dues on an installment plan of 4 payments; however, your Chapter dues must be paid in full with the first installment payment and all payments must be received before September 30, 2018. If you choose this payment method please indicate by signing in the space provided. Signature:  Payment Information: Check Enclosed (Payable to FSMS) VISA MasterCard American Express  Card Number: Expiration Date:							
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Payment Information: Check Enclosed (Payable to FSMS) VISAMasterCardAmerican Express  Card Number: Expiration Date:	payment and all p	ayments must be	es on an <u>installment plan</u> of 4 pa e received before September 30,	yments; however, yo 2018. If you choose	our Chapter dues mus	st be paid in t	full with the first installment
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	Card Number	·		Ехр	iration Date:		
CVV Code: (4 digits for AMX or 3 digits for MC/Visa) Billing Zip Code:	CVV Code: (4	digits for AMX or	3 digits for MC/Visa)	a) Billing Zip Code:			

IF PAYING BY CHECK, MAIL INVOICE AND CHECK TO: FSMS, P.O. Box 850001-243, Orlando, Florida 32885
IF PAYING BY CREDIT CARD: GO TO FSMS.ORG, SIGN IN TO RENEW
FAX TO: 850.877.4852