



Florida RACCA, Inc.

466 94th Avenue North
St. Petersburg, FL 33702
Phone: 727-576-3225 FAX: 727-578-9982

Application to Charter Chapter

Association Legal Name: _____

Acronym (if used): _____

Mailing Address: _____

City: _____, Florida Zip _____

Telephone # _____ FAX # _____

E-Mail Address: _____

Contact Person: _____

What year was your Associations first year in existence? _____

Area (Cities or Counties) served by your Association? _____

Number of Contractor Members _____ Number of Other Members _____

How many times annually does your Board meet? _____ Is there a specific time of month(s)? _____

How many times annually does your Membership meet? _____ Is there a specific time of month(s)? _____

If your Association has a Website, please list your address _____

How much are the annual dues for your Contractor members? _____

At what time(s) of the year do you collect your Contractor's dues? _____

If the individual responsible for conducting your Association's day to day business is some one other than the contact person previously named, please list this person's name:

Please list the names and positions of your present Officers:

We have reviewed the requirements for chartering a Chapter and the Bylaws of Florida RACCA, Inc. and agree to abide by the terms listed in both documents.

By: _____
Officer (Please print)

By: _____
Signature

Date: _____

PLEASE PROVIDE A PHOTO COPY OF YOUR ASSOCIATION’S “ARTICLE OF INCORPORATION” OR YOUR LATEST RENEWAL OF THE CORPORATION’S REGISTRATION.