



**APPLICATION FOR MEMBERSHIP
Calendar Year 2017**

(One application form for each person)

Name: _____ Title: _____

Mailing Address: _____

Company: _____ Telephone No. :(____) _____

Email Address: _____ Fax No. :(____) _____

RCI Member No. : _____ Website: _____

Note: Information provided above will be listed on the chapter website.

Membership Type (Circle One): Consultant Industry Associate

Membership Type:		Description
<input type="checkbox"/>	2017 Florida Chapter	Must be a Current Member of RCI, Inc. and a resident of Florida
<input type="checkbox"/>		

As a current National Member of RCI, Inc., I hereby submit this application for “Chapter” membership in the **RCI FLORIDA CHAPTER**.

Chapter Membership is for the 2017 calendar Year. This Membership shall entitle me to discounts offered to its membership at all chapter events and a member listing on the chapter website.

Signature: _____ Date: _____

- To mail the completed application, send to Raquel Eagle at 2900 Center Port Dr., Pompano Beach, FL 33064.

OR

- To email the completed application, send to reagle@soprema.us. This application is for roster purposes.