



MEMBERSHIP APPLICATION

(Please Print Clearly)

Date: ____/____/____

Quality Deer thru Education & Management
Florida Deer Association
P.O. Box 2532
Cross City, FL 32628

Name: _____

Business Name: _____

Principal Occupation: _____

Address: _____

Business Ph: (____) _____

Cell Ph: (____) _____

City: _____

E-Mail: _____

State: _____ Zip: _____

Website: _____

Check here if you DO NOT want your information to be published in the FLDA Directory or Web Site.

CHECK ALL THAT APPLIES TO YOU:

- Licensed Game Farm
- Licensed Hunting Preserve
- Native Wildlife
- Exotic Species
- Package or Lease Hunts
- Hunt Club/Leaseholder
- Hunting Land Owner
- Fencing Services/Supply
- Hunting Supply
- Game Feed
- Veterinarian
- Traditional Livestock
- High Fence
- Low Fence

Are YOU interested in Serving?

- FLDA Annual Conventions
- FLDA Seminars
- Fund-Raising
- Committees
- Other _____

MEMBERSHIP TYPE

GENERAL MEMBER \$75.00

SPORTSMAN \$25.00

PAYMENT METHOD

Check Enclosed (Check # _____ Make checks payable to Florida Deer Association)

Please bill my: Visa Mastercard Discover

Name on card: _____

Card Number: _____ Exp. Date ____/____

Security Code (on back of card): _____ Amount: \$_____

Signature: _____ Date: _____