



1076 North West Livingston Street
 Arcadia, FL 34266
 (863) 494-0061 or (863) 773-2644
 Fax: (863) 494-4976
 Web: www.prcitrus.org
 E-Mail: oj@prcitrus.org

2012 Associate Application

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip _____

Phone Numbers: Office: _____ Ext: _____ Cell: _____

Ag Net: _____ * _____ * _____ Fax: _____

E-Mail Address: _____

Are there any other employees who would like to receive our information? If so, please attach their name, title and contact information including mailing address to this application on a separate sheet.

Would you like to receive your newsletter by e-mail? YES NO

Are you interested in sponsoring our monthly newsletter through advertising?

YES Preferred Month _____ NO More Information Please

(One advertisement per month is used in the newsletter. It is 7 1/2" x 7 1/2" in size distributed to our full membership, all associate members and sister organizations. The cost is \$500.00.)

Are you interested in sponsorship information for our Annual Meeting? YES NO

What type of business is your company?

- | | | |
|--|---|---|
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Harvesting | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Biological Disease/Pest Control | <input type="checkbox"/> Hedging & Topping | <input type="checkbox"/> Processing |
| <input type="checkbox"/> Caretaking or Management | <input type="checkbox"/> Insurance | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Irrigation / Water Control | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Construction/Site Development | <input type="checkbox"/> Land Clearing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Crop Protection Products | <input type="checkbox"/> Legal / Lobby | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Media | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Monitoring / Analysis | <input type="checkbox"/> Vehicle Sales or Service |
| <input type="checkbox"/> Freeze Protection | <input type="checkbox"/> Nursery | <input type="checkbox"/> Water Consultation |
| <input type="checkbox"/> Fuel | <input type="checkbox"/> Other: _____ | |

The cost of membership is \$200.00 per calendar year.

Membership Fee: \$200.00

Voluntary Political Action Committee Contribution: \$100.00

Total Enclosed: \$ _____