



Full Membership Application

1. Company Name _____

Company Owner Name _____

Primary Contact Name _____

Company Address _____

City _____ State _____ Zip _____

Company Telephone _____ Fax _____

Company E-mail for Billing Purposes _____

Company E-mail to Be Listed on Website _____

Website Address _____

Number of Employees _____

2. Membership endorsed by _____

Proceed to Page 2 (reverse side)

Check the classification(s) that describe(s) your business activity. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Boat Builder |
| <input type="checkbox"/> Boat Repair | <input type="checkbox"/> Charter Boat and Service |
| <input type="checkbox"/> Developer, Land | <input type="checkbox"/> Diving Sales, Service, Training |
| <input type="checkbox"/> Education | <input type="checkbox"/> Electronics |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Hotels/Restaurants |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Manufacturer (Other than Boat Builder) |
| <input type="checkbox"/> Marina or Boat Yard | <input type="checkbox"/> Marine Construction |
| <input type="checkbox"/> Marine Dealer | <input type="checkbox"/> Marine Wholesaler, Distributor, Jobber |
| <input type="checkbox"/> Marine Manufacturers Representative | |
| <input type="checkbox"/> Other Retailer (define) _____ | |
| <input type="checkbox"/> Professional (define) _____ | |
| <input type="checkbox"/> Yacht Broker | <input type="checkbox"/> Yacht Management |
| <input type="checkbox"/> Other (Be specific.) _____ | |

Check products you sell or distribute. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Boat Accessories | <input type="checkbox"/> Boat Maintenance Products |
| <input type="checkbox"/> Boat Trailers | <input type="checkbox"/> Boats |
| <input type="checkbox"/> Diving Equipment | <input type="checkbox"/> Electronics |
| <input type="checkbox"/> Engines | <input type="checkbox"/> Hardware/Accessories |
| <input type="checkbox"/> Houseboats | <input type="checkbox"/> Nautical Apparel |
| <input type="checkbox"/> Rope & Cordage | <input type="checkbox"/> Sails/Canvas |
| <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Towers |
| <input type="checkbox"/> Other _____ | |

**If you are interested in volunteering for one of our committees,
please contact Summer Hoglund at 239-682-0900.**

***MIACC membership dues are \$250 and are invoiced annually.
Dues are invoiced to new members on a monthly pro-rata.***

**Return application to
MIACC
PO Box 9887
Naples, Florida 34101
Phone: 239 682 0900
Fax: 239 236 9000
E-mail: director@miacc.org**