



# FMO Membership Application



Fill out and return this portion along with your check to:  
 Federation of Manufactured Home Owners of Florida,  
 P.O. Box 5300, Largo, FL 33779-5300

- One year FMO Membership for \$25
- Three year FMO Membership for \$65 **Best Value**
- Cross Country Motor Club – add \$35 per year  
 (Your renewal for Cross Country will be mailed to you separately)

Only the two individuals listed below are eligible for membership. Persons listed must live at the address given on this application. We need the following information (please print clearly)

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Birth Date (optional): \_\_\_\_\_  
 Co-Member: \_\_\_\_\_  
 Florida Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Park Name: \_\_\_\_\_  
 I am a:  Lot Renter  Other \_\_\_\_\_

Non Florida Address: (If applicable)  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Check off what months you do not live in Florida  
 Jan.     Feb     Mar     Apr  
 May     Jun.     July     Aug  
 Sep.     Oct.     Nov     Dec

Recruiter Name \_\_\_\_\_  
 \_\_\_\_\_  
 Membership Number \_\_\_\_\_

Number of Florida registered voters in household: \_\_\_\_\_

**To pay with credit card:**  
 Mastercard     Visa     Discover     Am.Express  
 Card # \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature: \_\_\_\_\_

\*\*\*\*\*  
 KEEP THIS PORTION AS YOUR RECEIPT (RETURN THE APPLICATION PORTION TO THE FMO)

**Please enclose check payable to FMO. US Funds only. Do not send cash.**

A complete explanation of your FMO benefits will be included with your new membership cards. Please allow 4 to 6 weeks for processing time.

**Cross Country Members:** You will receive a separate membership card from Cross Country in approximately 4 to 6 weeks. If you should need roadside assistance before you receive your Cross Country Card please call their toll free number (800) 528-2056.

Questions? Call membership at 727-530-7539 or e-mail: members@fmo.org.

*Thanks you for joining the only organization fighting for the rights of manufactured / mobile home owners!*

Date: \_\_\_\_\_ Name of person receiving check: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_ #040 rev. 10/10/2014