



FMO Membership Application



Fill out the information below & return this portion along with your check to FMO
 325 John Knox Rd, L103,
 Tallahassee, FL 32303 OR
 Scan w/Credit Card info &
 Email to: members@fmo.org

- SAVE A STAMP!** You can join on the FMO Website - www.fmo.org
- One Year FMO Membership for \$25 (US Funds)
- Three Year FMO Membership for \$65 - **Best Value** (US Funds)
- Cross Country Motor Club - Please **ADD ADDITIONAL \$35.00 for 1 year** (US Funds) (Your renewal for Cross Country will be sent to you separately)

Note: Fields with * are required PLEASE PRINT LEGIBLY



Only the two individuals listed below are eligible for membership

Date: _____

Non-Florida Address (if applicable)

*Name: _____

Address: _____

Birth Date (optional): _____

City: _____

Co-Member: _____

State & Zip: _____

*Florida Address: _____

Check off which months you **DO NOT** live in Florida

*City, Zip: _____

Jan Feb Mar Apr

*Phone: (s) () _____

May Jun Jul Aug

*Park Name: _____

Sep Oct Nov Dec

*I am a: Lot Renter Owner Other _____

We are unable to mail the FMO News out of the U.S.
It can be obtained via email or online at www.fmo.org

*Email Address: _____

To pay with credit card:

Deliver FMO News by: Email Mail Neither

MasterCard Visa Discover AMEX

Number of registered Florida voters in household: _____

Card # _____

I am an American Veteran: YES NO

C V V on back _____

Recruiter Name: _____
 Membership # _____

Exp. Date: _____ Phone () _____

Signature: _____

*****Keep this bottom portion as your receipt. Return the application portion to FMO*****

Please enclose a check payable to FMO. US Funds only. Do NOT send cash.

Cross County Members: You will receive a separate membership card from Cross Country in 4 to 6 weeks. If you need roadside assistance before you receive your Cross Country Card, please call their toll free number 800.528.2056

Questions? Call Membership at 850.205.5642 or email members@fmo.org

Thank You for joining the only organization fighting for the rights of manufactured / mobile home owners!

Date: _____ Check Number: _____ Check Amount: _____ US Funds

Check Payee: _____

