



FLORIDA-
CARIBBEAN
CRUISE
ASSOCIATION

Associate Membership Application

Date: _____

Application Type: New Member Renewal

 Associate Membership (\$500) Platinum Membership (\$25,000)

Name of Company: _____

Port Authority Supplier Port Agent Tourism Agency Tour Operator Other: _____

1. Primary: _____ Title: _____

2. Secondary: _____ Title: _____

Street Address: _____ City: _____

State/Parish/Province: _____ Country: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Mailing Address (if different from above). _____

Description of your Business: _____

American Express Visa Mastercard

Account Number: _____ Exp. Date: _____

Billing Address: _____

Name: _____ Signature: _____

Applications for membership or renewal of membership shall be submitted to the FCCA. In the case of any applicant whose character, reputation or conduct might make him an undesirable member, the FCCA shall refer the application to the Executive Committee for review; in all other cases, the FCCA shall have the authority to grant membership or cancel membership at anytime. In the case a member's membership is cancelled, the dues will pro-rated back on a monthly bases. The FCCA has the right to refuse or cancel any membership without cause or reason.

Please make checks payable to the **Florida-Caribbean Cruise Association**
11200 Pines Blvd. • Suite 201 • Pembroke Pines, Florida 33026 • Phone: (954) 441-8881 • Fax: (954) 441-3171