

CENTRAL FLORIDA A.S.H.I. Membership Application

Name: _____

Company: _____

Address: _____

City, State, Zip _____

Phone# _____ Fax# _____ email _____

Years in business? _____

Are you an ASHI Member? Yes Member # _____ No Candidate

Would you like to join? YES ___ Check # _____ NO ___ Not Sure ___

What do you expect of this organization?

The annual membership dues are \$50. You may be asked for additional contributions for advertising in the future (this will be optional).

I need several individuals to "chair" various committees such as membership, ORRA PR, web site content development, education and, legislative. If you have a small amount of time to invest, we can use your help.

The only way CENTRAL FLORIDA A.S.H.I. will succeed is with your support.

I know together, we can make this organization strong.

Thank you,
Bill Labita
President, Central Florida A.S.H.I.