Become a Member of the

FSLA Guardian Council

This annual membership is available to members who wish to provide additional support to the association. FSLA "Guardian Council" Members make a direct impact, supporting increased efforts to communicate the importance of surplus lines. This includes public relations initiatives, member networking and educational offerings and opportunities to engage with educational institutions to create and foster connections with the future of the industry.

Dues: Sustaining annual contribution of $5,000, plus annual dues based on membership category.
(Initial 3 Year Commitment Requested or $15,000 cumulatively)

FSLA Guardian Council Members will receive the following additional benefits:

- Invitations to legislative receptions and FSLA hosted dinners to support candidates with interests concerning the industry
- Invitation for a company representative to attend a FSLA private hosted dinner, prior to the start of the Annual Convention
- Complimentary registration for one (1) first time attendee from your organization to attend the FSLA Annual Convention
- Recognition throughout the year in member communication and the FSLA Website
- Recognition during the FSLA Annual Convention
- Exclusive access – annual call with executive committee regarding concerns or initiatives

Become a Guardian Council Member

❑ **3-Year Commitment:**

$ 5,000 Annually for 3 total years.

❑ **Longer Term Commitment:**

$ 5,000 Annually for _____ total years.

Initial contribution will be billed on receipt of the completed Guardian Council form. Each sequential charge will be billed with the member's annual dues.

Signature	Print Name	Date

Over →

Contributor Information:

Name _____ Professional Designations: _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Payment Information:

CREDIT CARD:

Choose one: ❑ VISA ❑ MasterCard ❑ AMEX

Card# _____ Exp. Date _____ Security Code* _____

**3-digit number on reverse side of most cards, 4-digit number on front for AMEX only*

Cardholder Name _____ Phone # _____

Billing Address *(if different from above)* _____

_____

Signature _____ Date _____

FLORIDA SURPLUS LINES ASSOCIATION

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