



FMO Membership Application



Fill out the information below & return this portion along with your check to FMO
 PO Box 5300, Largo, FL 33779-5300 OR Scan w/Credit Card info & Email to: members@fmo.org

- SAVE A STAMP!** You can join on the 21st Century 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: _____

Secondary Email Address _____

Deliver FMO News by: Email Mail Neither

*Number of registered Florida voters in household: _____

I am an American Veteran: YES NO

To pay with credit card:

MasterCard Visa Discover AMEX

Card # _____

Exp. Date: _____ Phone () _____

Signature: _____

Recruiter Name: _____

Membership # _____

*****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 727.530.7539 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: _____

Rev. 10/18

