



NEW MEMBER APPLICATION

Company Name: _____

Primary Contact: _____ Title: _____

Email: _____

Address: _____

Phone: _____ Fax: _____

Member Level (please check one):

_____ **Mitigation Banker** (\$2,500.00)

Formally approved and certified (Federal or State approved) to transfer mitigation credits, or are in the process or intend to initiate the process of becoming approved

_____ **Corporate Associate** (\$250.00)

Corporations or businesses associated with the mitigation banking industry, such as environmental consulting firms, engineering firms, law firms, business consultants and associated vendors

Please make your dues check payable to the:

Florida Association of Mitigation Bankers
P.O. Box 540285
Orlando, Florida 32854
