

FDLA Membership Payment Form



325 John Knox Rd, L103 • Tallahassee, FL 32303 • PH: (850) 224-0711 • FAX: (850) 222-3019 • www.fdma.net

1. Laboratory Information

Member Number: _____

Laboratory/Company Name: _____

Laboratory Owners Name: _____

Billing Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: *(if not United States)* _____

Phone Number: _____ Fax Number: _____

Email Address: _____

2. Membership Breakdown

1-4 Technicians from a member lab	\$50.00 per person
5-9 Technicians from a member lab	\$40.00 per person
10-19 Technicians from a member lab	\$30.00 per person
20-29 Technicians from a member lab	\$25.00 per person
30+ Technicians from a member lab	\$20.00 per person

3. Payment Information

Total Amount Due: Please use the membership breakdown in section 2 to determine the amount due per technician.

_____ X \$ _____ .00 /per technician = \$ _____ .00
Number of Technicians/Staff *Price per technician/staff*
(see breakdown above)

All payments must be made in U.S. Dollars by credit card (Visa, MasterCard and American Express) or by Check/Money Order, made payable to FDLA. Please send completed form to FDLA, 325 John Knox Rd, L103, Tallahassee, FL 32303, or via fax at (850) 222-3019

Check *Made payable to FDLA* Check Number: _____ Amount: _____

Credit Card Visa MasterCard AMEX

Card Number: _____ Expiration Date: _____ * Security Code: _____

* This is the 3 digit number that appears on the reverse side of your credit card. For AMEX cards only, this is the 4 digit number on the front of your card.

Billing Address: _____

Name on Card: _____

Authorized Signature: _____

Phone number where cardholder can be reached during daytime hours: _____

**Thank you for your continued support of FDLA! Please forward your completed membership form(s) and payment to:
FDLA, 325 John Knox Rd, L103, Tallahassee, FL 32303**

Please list all additional technicians/staff below
Make extra copies of this form if necessary



Laboratory/Company Name: _____

First Name M.I. Last Name Prof. Initials

Address

City State Zip Phone Number

Fax Number Email Address

First Name M.I. Last Name Prof. Initials

Address

City State Zip Phone Number

Fax Number Email Address

First Name M.I. Last Name Prof. Initials

Address

City State Zip Phone Number

Fax Number Email Address

First Name M.I. Last Name Prof. Initials

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