



# FCAP

FLORIDA COMMUNITY  
ASSOCIATION PROFESSIONALS

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company or Community Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## REQUIREMENTS

- Verification:** I understand that FCAP will verify information on this application including, if necessary, verification through current and previous employers, government entities, and community associations.
- Compliance:** The applicant has the responsibility to read, understand, and comply with all aspects of the program as outlined in this document.
- Agreement:** I hereby apply for acceptance in Florida Community Association Professionals. I understand this membership depends on the successful completion of specific requirements as stated above.

## LICENSE OR CERTIFICATION INFORMATION

### Managers (Community Association Manager)

Please provide your Florida CAM license information:

License Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Is your license active?  Yes  No

### Service Providers

Please list professional licenses or certifications required for your industry:

License/Certification name: \_\_\_\_\_

License/Certification number: \_\_\_\_\_

Regulating entity: \_\_\_\_\_

### Board Member or Volunteer Leader

Type:  Condominium  HOA  Other: \_\_\_\_\_

Interest:  Owner  Renter  Other: \_\_\_\_\_

*I affirm that I am a licensed Florida community association manager, service provider, or Florida resident or homeowner living or owning a residence in a Florida community covered by Florida Statutes 718 Condominiums, 719 Cooperatives, 720 Homeowners' Association, 721 Vacation and Timeshare Plans, or 723 Mobile Home Parks.*

*I further affirm that, if applicable, I have completed all State-mandated training for my professional, business, or volunteer leadership role.*

**I agree the above information is true and correct.**

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Check here if you wish to receive e-mail information from FCAP.

Florida Community Association Professionals (FCAP) is the only statewide member organization dedicated to serving the community association industry. FCAP has more than 2500 members statewide consisting of community association managers, volunteer leaders, and service providers.

The mission of FCAP is to train and equip Florida's community association professionals by providing the most thorough and up-to-date educational materials from the most knowledgeable sources.

As a benefit of membership, managers are entitled to free online CEUs and access to the Florida Advanced CAM Studies, the prerequisite for the Certified Florida Community Association Manager (CFCAM) designation.

For more benefit information and to explore the CFCAM program, please go online at [www.FCAPgroup.com](http://www.FCAPgroup.com).

## PROGRAM FEES

**FCAP Membership – Manager** Application Fee: \$149  
**Annual Renewal (FCAP – Manager)** \$99

**FCAP Membership – Service Provider** Application Fee: \$626  
**Annual Renewal (FCAP – Service Provider)** \$349

**FCAP Membership – Board Member** Application Fee: Free  
**Annual Renewal (FCAP – Board Member)** Free

## MEMBERSHIP TYPE:

- Manager  
 Service Provider  
 Board Member

## AUTHORIZATION TO CHARGE DEBIT CARD OR CREDIT CARD

*I authorize FCAP to charge my debit card or credit card for the following (please choose one).*

\$149 – Manager (FCAP Membership)

\$626 – Service Provider (FCAP Membership)

Debit/Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4 Digit Security Code: \_\_\_\_\_

Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail Address (for credit card receipt): \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## TERMS AND CONDITIONS

*Application is required for FCAP membership, to attend FCAP approved courses and events, and to receive FCAP professional designations. Secure application may be made by credit card on our website registration page or by telephone.*

*If paid by check, your FCAP membership will be held until the funds have cleared the bank.*

*Balance must be paid in full before FCAP membership is granted.*

## PLEASE FAX, MAIL, OR SCAN AND EMAIL YOUR COMPLETED APPLICATION AND PAYMENT TO:

**Florida Community Association Professionals, LLC**

1000 Nix Road • Little Rock, AR 72211

Phone: (561) 277-8152 or (800) 425-1314

Fax: (501) 280-9233

Email: [info@FCAPgroup.com](mailto:info@FCAPgroup.com)

Website: [www.FCAPgroup.com](http://www.FCAPgroup.com)