



## Florida RACCA, Inc.

466 94th Avenue North  
St. Petersburg, FL 33702  
Phone: 727-576-3225 FAX: 727-578-9982

### Application to Charter Chapter

Association Legal Name: \_\_\_\_\_

Acronym (if used): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, Florida Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

What year was your Associations first year in existence? \_\_\_\_\_

Area (Cities or Counties) served by your Association? \_\_\_\_\_

Number of Contractor Members \_\_\_\_\_ Number of Other Members \_\_\_\_\_

How many times annually does your Board meet? \_\_\_\_\_ Is there a specific time of month(s)? \_\_\_\_\_

How many times annually does your Membership meet? \_\_\_\_\_ Is there a specific time of month(s)? \_\_\_\_\_

If your Association has a Website, please list your address \_\_\_\_\_

How much are the annual dues for your Contractor members? \_\_\_\_\_

At what time(s) of the year do you collect your Contractor's dues? \_\_\_\_\_

If the individual responsible for conducting your Association's day to day business is some one other than the contact person previously named, please list this person's name:

\_\_\_\_\_

**Please list the names and positions of your present Officers:**

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**We have reviewed the requirements for chartering a Chapter and the Bylaws of Florida RACCA, Inc. and agree to abide by the terms listed in both documents.**

**By:** \_\_\_\_\_  
*Officer (Please print)*

**By:** \_\_\_\_\_  
*Signature*

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

**PLEASE PROVIDE A PHOTO COPY OF YOUR ASSOCIATION’S “ARTICLE OF INCORPORATION” OR YOUR LATEST RENEWAL OF THE CORPORATION’S REGISTRATION.**