



FMO Membership Application



Complete the information below & return this portion along with your check to FMO
222 S. Westmonte Dr, Ste 111,
Altamonte Springs, FL 32714 OR
Scan w/ Credit Card info & Email
to: members@fmo.org
Questions? Call 321-214-4300

- ☐ **SAVE A STAMP!** You can join on the FMO Website - www.fmo.org
☐ One Year FMO Membership for \$25 (US Funds)
☐ Three Year FMO Membership for \$65 - **Best Value** (US Funds)



Note: Fields with * are required PLEASE PRINT LEGIBLY

Only the two individuals listed below are eligible for membership

Date: _____

*Name: _____

Birth Date (optional): _____

Co-Member: _____

*Florida Address: _____

*City, Zip: _____

*Phone: (s) () _____

*Park Name: _____

*I am a: Lot Renter ☐ Owner ☐ Other _____

*Email Address: _____

Membership Card: ☐ Email ☐ Mail ☐ None

Deliver FMO Magazine by: ☐ Email ☐ Mail ☐ Neither

Number of registered Florida voters in household: _____

I am an American Veteran: ☐ YES ☐ NO

Recruiter Name: _____

Membership # _____

Non-Florida Address (if applicable)

Address: _____

City: _____

State & Zip: _____

Check off which months you **DO NOT** live in Florida

☐ Jan ☐ Feb ☐ Mar ☐ Apr

☐ May ☐ Jun ☐ Jul ☐ Aug

☐ Sep ☐ Oct ☐ Nov ☐ Dec

We are unable to mail the FMO Magazine out of the U.S.
It can be obtained via email or online at www.fmo.org

To pay with credit card:

☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX

Card # _____

C V V on back _____

Exp. Date: _____ Phone () _____

Signature: _____

*****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.

Questions? Call Membership at 321.214.4300 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. 5/22

