



APPLICATION FOR MEMBERSHIP

(You must be recommended by a F.A.C.T. Member)
(Please print or type)

Name: _____
(Last) (First) (Middle Initial)

Home Address: _____
(Street) (City) (State) (Zip)

Agency Name: _____
(Street) (City) (State) (Zip)

Business Phone: _____
(Area Code & Number) (Extension) (Fax Number)

E-mail Address: _____

Occupation: _____ Years in Position: _____

I hereby apply for membership to the Florida Anti-Car Theft Committee and agree to abide by the Rules and Regulations of the organization.

Signature: _____ Date: _____

I am interested in serving on (please check all committees that apply): _____ Awards
_____ Community Projects _____ Financial _____ Government Relations _____ Membership
_____ Publicity _____ Special Events _____ Training/Law Enforcement Subcommittee

(RECOMMENDATION/ENDORSEMENT)

I am acquainted with the above named applicant and believe that _____
is qualified for membership and hereby recommend him/her.

Recommending Member: _____

Agency: _____ Date: _____

Please forward completed application to Sgt. Todd Garrison at:

FACT Board of Directors
Lee County Sheriff's Office
14750 Six Mile Cypress Parkway
Ft. Myers, FL 33912
tgarrison@sheriffleefl.org
(941) 477-1061 • FAX: 941-477-1123

(FOR BOARD USE ONLY)

Approved by
Board of Director: _____ Date: _____
(Attesting Signature)