

THE FLORIDA ASSOCIATION OF
PLUMBING, GAS AND MECHANICAL
INSPECTORS INC.

NAME: _____

SPOUSE: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

PHONE-WORK (____) _____ HOME- (____) _____

E-MAIL _____

AGENCY OR COMPANY NAME _____

TITLE _____

INSPECTORS CERTIFICATION(S)
NUMBER(S): _____

CONTRACTOR CERTIFICATION(S) NUMBER(S): _____

DUES AMOUNT IS \$50.00 ANNUALLY.

MAKE CHECKS PAYABLE TO: FAPGMI

MAIL ALL CHECKS TO:

FAPGMI
19180 FOUR WHEEL DR.
N.FORT MYERS, FL 33917

IT IS IMPORTANT TO PRINT ALL INFORMATION SO THAT IT CAN BE EASILY READ. ALL NAMES SHOULD BE AS THEY APPEAR ON YOUR CERTIFICATION.

ALL NAMES WILL BE POSTED ON THE FAPGMI WEB SITE. WALLET SIZE CARDS ARE AVAILABILE UPON REQUEST; CIRCLE YOUR REQUEST YES OR NO.