



Florida Association of Building Inspectors, Inc.

Post Office Box 149202
Orlando, Florida 32814
(407) 897-5422 • (800) 544-FABI (3224)
info@fabi.org • www.fabi.org

**Complete and return this form to set up monthly payments
of your FABI membership dues.**

Form can be emailed to info@fabi.org or faxed to 407-894-7673.

Member Name: _____

Company Name: _____

Email: _____ Phone: _____

CREDIT CARD INFORMATION

\$19.99 PER MONTH

Choose one: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address (Include City, State and Zip): _____

Cardholder's Signature: _____

AUTHORIZATION FOR RECURRING PAYMENTS

I authorize the Florida Association of Building Inspectors, Inc. (FABI) to make recurring payments for my membership dues from the credit card indicated. I understand that \$19.99 will be charged to my card monthly. *These monthly charges will continue until the Florida Association of Building Inspectors, Inc. receives a 30-day **written** cancellation notice from signer.*

Signature: _____ Date: _____