



Florida Association of Building Inspectors, Inc.

1650 South Dixie Hwy, Ste 400
Boca Raton, FL 33432

(407) 634-4724 | info@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.

Member Name: _____

Company Name: _____

Email: _____ Phone: _____

Credit Card Information

Visa

MasterCard

American Express

Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Billing City, State, Zip: _____

Cardholder 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 \$24.99 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: _____