



Florida Refrigeration & Air Conditioning  
Contractors Association  
PO Box 592760  
Orlando, Fl 32859  
727.576.3225  
www.FRACCA.org

## Application to Charter Chapter

**Association Legal Name:** \_\_\_\_\_

**Acronym (if used):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_, Florida **Zip** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**What year was your Associations first year in existence?** \_\_\_\_\_

**Area (Cities or Counties) served by your Association?** \_\_\_\_\_

**Number of Contractor Members** \_\_\_\_\_ **Number of Other Members** \_\_\_\_\_

**How many times annually does your Board meet?** \_\_\_\_\_ **Is there a specific time of month(s)?** \_\_\_\_\_

**How many times annually does your Membership meet?** \_\_\_\_\_ **Is there a specific time of month(s)?** \_\_\_\_\_

**If your Association has a Website, please list your address** \_\_\_\_\_

**How much are the annual dues for your Contractor members?** \_\_\_\_\_

**At what time(s) of the year do you collect your Contractor's dues?** \_\_\_\_\_

**If the individual responsible for conducting your Association's day to day business is some one other than the contact person previously named, please list this person's name:**

\_\_\_\_\_

**Please list the names and positions of your present Officers:**

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**We have reviewed the requirements for chartering a Chapter and the Bylaws of Florida RACCA, Inc. and agree to abide by the terms listed in both documents.**

**By:** \_\_\_\_\_  
*Officer (Please print)*

**By:** \_\_\_\_\_  
*Signature*

**Date:** \_\_\_\_\_

**PLEASE PROVIDE A PHOTO COPY OF YOUR ASSOCIATION’S “ARTICLE OF IN-CORPORATION” OR YOUR LATEST RENEWAL OF THE CORPORATION’S REGISTRATION.**



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