

**UNIVERSITY OF WEST FLORIDA
MEMBERSHIP OPEN RECORDS CERTIFICATION**

03/07/05

To:	From:
Organization:	UWF Dept.:
Fax:	Fax:
Date:	Phone:

Your urgent response is needed by the end of the day _____

In accordance with Florida Statutes Section 119.01(3), all records pertaining to the payment of dues or membership contribution by a public agency are subject to open records requirements. In compliance with the law, we ask that you complete the following and certify by signature:

NOTE TO UWF DEPARTMENT: DO NOT COMPLETE ANY INFORMATION BELOW.

Full Name of Organization _____

Make Check Payable to _____

Remittance Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

9-Digit Federal Employee Identification Number _____

Web Address _____

Type of membership accepted (choose and complete one or both):

_____ Institutional Fee \$ _____ includes _____ (#) of UWF employees

_____ Individual Fee \$ _____

Period of membership:

_____ Calendar Year (January 1 – December 31)

_____ July 1 – June 30

_____ Other: from _____ to _____

Certification: Pursuant to s. 119.01(3) F.S., I hereby certify that all of this organization's financial, business and membership records pertaining to the University of West Florida are available for public inspection.

SIGNATURE

DATE

NAME PRINTED

TITLE

UWF cannot issue payment for dues without this form. Thank you for your cooperation. If you have any questions, please call me at the number above. Please fax this form back to the number above.