FLORIDA LOCAL GOVERNMENT HEALTH INSURANCE CONSORTIUM
MEMBERSHIP AGREEMENT

The undersigned local governmental unit, which is a public agency of the State of Florida as defined in Section 163.01, Florida Statutes, through the signature set forth below by a duly authorized official of, hereby indicates its intent to become a member of the Florida Local Government Health Insurance Consortium (the "Consortium"), subject to any required approval by the Consortium's Executive Committee, and agrees as follows:

(a) That, by this reference, the Interlocal Agreement Creating the Florida Local Government Health Insurance Consortium ("Interlocal Agreement"), and all of its terms, conditions and provisions, is hereby adopted, approved, and ratified by the undersigned local governmental unit. The undersigned local governmental unit certifies that it has received a copy of the Interlocal Agreement and further agrees to be bound by the provisions and obligations of a Member as set forth in the Interlocal Agreement ;

(b) To pay all Member Contributions to the Consortium on or before the date due;

(c) To abide by the rules and regulations adopted by the Consortium's Board of Directors or Executive Committee; and

(d) That all information provided by the local governmental unit to the Consortium for underwriting or other purposes is, and will be, true, correct and accurate in all respects.

Member Name:

By (signature): _____

Title: _____

Attest: _____

Title: _____

Notices to Member Shall Be Addressed and/or Delivered To (Name, Title & Address):

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