



# FLORIDA PARKING ASSOCIATION MEMBERSHIP APPLICATION

Please print or type.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Does your organization have a web site?  yes  no

Are you a member of the International Parking Institute?  yes  no

### Payment Information:

Annual dues are \$60. Memberships are yearly from January to December. Please make check payable to Florida Parking Association and send with this form to: Pamela Corbin, Florida Parking Association, City of Orlando Parking Bureau, 53 W. Central Boulevard, Orlando, FL 32801. The information on this form will be used for the membership directory, so please be as thorough as possible.

### Member Information:

1. Type of organization:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Municipal  | <input type="checkbox"/> Hospital         | <input type="checkbox"/> Consultant            |
| <input type="checkbox"/> University | <input type="checkbox"/> Private Operator | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Airport    | <input type="checkbox"/> Vendor           |  |

2. Municipal, University, Airport and Hospital Operations:

A. How many parking spaces in your operation?

\_\_\_\_\_ On-Street      \_\_\_\_\_ Off-Street Garage      \_\_\_\_\_ Off-Street Surface

B. Is your parking operation responsible for its own enforcement?  yes  no

C. Is your operation:  Self Managed  Commercially Managed  Combination of both

3. University or College Parking Only: What is the approximate population of your school, including residential and commuter students, faculty and staff:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Under 5,000    | <input type="checkbox"/> 10,000 to 14,999 | <input type="checkbox"/> 20,000 and over |
| <input type="checkbox"/> 5,000 to 9,000 | <input type="checkbox"/> 15,000 to 19,999 |  |

4. Hospital Parking Only: Approximately how many beds does your hospital have?

- under 250 beds       250 to 400 beds  500 beds and over

(more questions on back)

5. Private Operators: What types of parking does your company operate? (mark all that apply)

- |                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Municipal  | <input type="checkbox"/> Airport  | <input type="checkbox"/> Attractions & Stadiums    |
| <input type="checkbox"/> University | <input type="checkbox"/> Hospital | <input type="checkbox"/> Hotels & Office Buildings |

And what types of services do you provide? (mark all that apply)

- Self-Park Operations
- Shuttle Operations
- Valet Services
- Enforcement Services
- Other(specify) \_\_\_\_\_

6. What types of parking equipment do you operate? (mark all that apply)

- Single space parking meters, Manufacturer(s) \_\_\_\_\_
- Multi-space parking meters. Manufactures(s) \_\_\_\_\_
- Pay and Display. Manufactures(s) \_\_\_\_\_
- Pay on foot. Manufactures(s) \_\_\_\_\_
- Debit card system. Manufactures(s) \_\_\_\_\_
- Smart card. Manufactures(s) \_\_\_\_\_
- Central cashiering. Manufactures(s) \_\_\_\_\_
- On-line revenue control system. Manufactures(s) \_\_\_\_\_
- On-line access control system. Manufactures(s) \_\_\_\_\_
- Stand-alone revenue control system. Manufactures(s) \_\_\_\_\_
- Stand-alone access control system. Manufactures(s) \_\_\_\_\_
- AVI/RFID access system. Manufactures(s) \_\_\_\_\_
- Hand-held ticket writers. Manufactures(s) \_\_\_\_\_
- Vehicle immobilization devices. Manufactures(s) \_\_\_\_\_
- Shuttle buses. Capacity \_\_\_\_\_

7. Vendors: What types of products or services do you supply? (mark all that apply)

- Revenue control equip
- Access control equipment
- Parking meters
- Enforcement equipment
- Management software
- Signs, barriers, etc.
- Maintenance equipment
- Maintenance supplies
- Printing
- Maintenance services
- Other(specify) \_\_\_\_\_

8. Consultants/Engineers: What types of services do you provide? (mark all that apply)

- Facility design
- Construction management
- Other(specify below)
- Parking needs analysis
- Financial assistance
- Structural analysis
- Audits
- Other \_\_\_\_\_
- Revenue control analysis

9. What are the significant issues, problems or concerns for your parking operation?

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If you have any questions, please contact  
Pamela Corbin at 407.246.3766 or  
[Pamela\\_Corbin/pkg/trn/Orlando@ci.orlando.fl.us](mailto:Pamela_Corbin/pkg/trn/Orlando@ci.orlando.fl.us)