



FAPPO Membership Application

July 1, 2019 - June 30, 2020

Agency Information: *(Please print.)*

Agency Name: _____

Full Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____ Web Address: _____

Membership Types and Fees:

Select Type: Agency/Organization Individual/Associate

Agency/Organization Membership	Fee
1-2 Members	<input type="checkbox"/> \$120
3-6 Members	<input type="checkbox"/> \$275
7-10 Members	<input type="checkbox"/> \$450
11-20 Members	<input type="checkbox"/> \$750
21-25 Members	<input type="checkbox"/> \$1000
26+ Members	<input type="checkbox"/> \$2000
Other Memberships	
Individual	<input type="checkbox"/> \$120

Payment Information:

NOTE: Annual membership dues are payable in advance.

Check Enclosed Purchase Order Enclosed

Credit Card Payment: American Express Master Card Visa

Account Number: _____ CVV Code: _____

Expiration Date: (mm/yyyy) _____ / _____

Card Holder Name: *(Print)* _____

Card Holder Signature: _____

Please complete all pages of this membership application and return to:

WE'VE MOVED - PLEASE UPDATE YOUR RECORDS

FAPPO

P. O. Box 622612

Orlando, FL 32862-2612

Fax: 813-333-1767 Email: execdirector@fappo.org

Membership Listing *(Please print.)*

For membership types Agency/Organization and Individual/Associate, please provide the following information for *each* person who will receive benefits as a FAPPO member; the number of individuals listed should reflect the number chosen on the "Membership Types and Fees" chart on page one(1). If more space is needed, print additional pages, or attach a separate typed list.

Member # _____

Mr. Mrs. Ms.

Individual Name: _____

Certification: CPPO CPPB C.P.M. CPM CPCM CFCM A.P.P. CPSM
 FCPM FCPA FCCN FCCM PMP Other: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Member # _____

Mr. Mrs. Ms.

Individual Name: _____

Certification: CPPO CPPB C.P.M. CPM CPCM CFCM A.P.P. CPSM
 FCPM FCPA FCCN FCCM PMP Other: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Member # _____

Mr. Mrs. Ms.

Individual Name: _____

Certification: CPPO CPPB C.P.M. CPM CPCM CFCM A.P.P. CPSM
 FCPM FCPA FCCN FCCM PMP Other: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

For additional members, print additional copies of this page, or attach complete typed document to your application.