



Honorary Membership Application July 1, 2018 through June 30, 2019

Name: _____
Last First M.I.

Certification: CPPO CPPB C.P.M. A.P.P. Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: (____) _____

Type of Request: Honorary Membership (New) Honorary Membership Renewal

CURRENT EMPLOYMENT STATUS: Retired Employed

Provide the following information IF employed selected above:

Employed in the Public Sector in Procurement or related field

Describe Position

Currently Held: _____

Employed in the Private Sector performing Procurement related functions

Describe Position

Currently Held: _____

Employed in the Private Sector not related to Procurement

Describe Position

Currently Held: _____

To be completed by FAPPO:

Current Status qualifies for Honorary Membership

Current Status qualifies for a Regular or Associate Membership

Current Status does not qualify for Honorary Membership

Membership Chair Recommendation: Approve Deny Signature: _____ Date: _____

By-Laws Chair Recommendation: Approve Deny Signature: _____ Date: _____

President's Recommendation: Approve Deny Signature: _____ Date: _____

Board of Directors: Approve Deny Date: _____

SUBMIT FORM TO: execdirector@fappo.org or Fax (813) 333-1767

MAIL TO: **FAPPO, P.O. Box 622612. Orlando, FL 32862-2612 – WE HAVE MOVED-PLEASE UPDATE YOUR RECORDS**