



Membership Transfer Form

Please complete this form and return to Florida Association of Public Procurement Officials, Inc. (FAPPO)

Name: _____
Last First M.I.

Previous Last Name, if any: _____

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

Title: _____

Entity: _____

Address: _____

City: _____, FL Zip +4 _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Website: _____

*Include Entity's **Purchasing** Home Page, if applicable*

Member being replaced:

Name: _____
Last First M.I.

SUBMIT FORM TO:

Email: execdirector@fappo.org

Fax: (813) 333-1767

Mail to: FAPPO, P.O. Box 622612, Orlando, FL 32862-2612

WE HAVE MOVED – PLEASE UPDATE YOUR RECORDS!