



Membership Transfer Form

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

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: (_____) _____

E-Mail: _____

Website: _____

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

Member being replaced:

Name: _____
Last First M.I.

MAIL TO:

FAPPO
8875 Hidden River Parkway
Suite 300 #3059
Tampa, FL 33637

OR FAX TO 813-333-1767