



Membership Information Change/Correction Form

If you find that any of the information contained in this directory to be inaccurate or out of date, please let us know about it so we can correct our records to ensure that next year's edition is accurate. Please use this form to request changes and/or corrections to the database.

(Please type or print clearly)

Name: _____
Last First M.I.

Replacing previous agency member: _____

Check (If Applicable): CPPO CPPB C.P.M. CPM CPCM CFCM A.P.P.
CPSM

Florida Certifications: FCPM FCPA FCCN FCCM PMP Other: _____

Title: _____

Agency: _____

Address: _____

City: _____, FL Zip+4: _____

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

Suncom: _____ EMail: _____

Website: _____

Include Entity's Purchasing Home Page, if applicable

IMPORTANT: Please fill in form completely, and mail to ...

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

OR FAX TO 813-333-1767