



# Membership Application/Dues Invoice

## June 1, 2009 through May 31, 2010

Please complete this form and return with your check **payable to** Florida Association of Public Purchasing Officers, Inc. (FAPPO Inc.) **or** enter your credit card information and signature for processing.

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*

### Check all that apply:

Renewal  New Member

### Type of Membership: \$50.00 (Reg/Assoc)

Regular  Associate  Honorary

### Credit Card Information

Name on Card: \_\_\_\_\_

Type:  Visa  MasterCard  Amex

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Your annual copy of the Membership Directory will be available in December from the FAPPO website as a downloadable PDF file.*

**Payment for membership fees must be received prior to September 1, 2009 for your information to be included in the membership directory.**

**www.fappo.org - FAPPO's FEIN: 59-2615678**

**MAIL CHECK AND APPLICATION TO FAPPO'S NEW ADDRESS:**

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

**OR FAX TO 813-333-1767**

Internal:  Entity Check  Personal Check - Check Number \_\_\_\_\_ Date Received \_\_\_\_\_