



# Membership Application/Dues Invoice

## June 1, 2011 through May 31, 2012

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, 2011 for your information to be included in the membership directory.**

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

**MAIL CHECK AND APPLICATION TO:**

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 \_\_\_\_\_