



Associate Membership Application

Return application to:
FAPSC, P.O. Box 13654, Tallahassee, FL 32317-3654
Phone: (850) 577-3139 | Fax: (850) 577-3133
www.FAPSC.org | mail@FAPSC.org

MEMBERSHIP APPLICATION

Associate Membership is for an individual company, association or government agency providing support, products or services to the independent postsecondary educational sector. All applicants for Association Membership must be approved by the FAPSC Board of Directors. **I understand that by providing my mailing address, e-mail, telephone and fax number, I consent to receive communications via regular mail, e-mail, telephone, and/ or fax sent by or on behalf of Florida Association of Postsecondary Schools and Colleges.**

MEMBERSHIP INFORMATION

CEO/ President: _____ Title: _____
E-mail: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Website: _____

PRIMARY/ FLORIDA CONTACT INFORMATION (if different from above)

Name: _____ Title: _____
E-mail: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____

DUES

Membership dues are paid annually and membership follows the date you join.

Associate Members Dues \$550

COMPANY INFORMATION

1. Please provide a vendor profile, including number of years in the business, types of products/services and location of corporate headquarters. _____

2. Is your company involved with any current, pending or foreseeable litigation? If yes, please provide a statement.

3. How many career schools and colleges in Florida are currently your customers? (Please list) _____
Please provide a brief description of products and or/ services (30 words or less): _____

PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT YOUR COMPANIES PRODUCTS/SERVICES

ADDITIONAL COMPANY REPRESENTATIVES

Name: _____ Title: _____

E-mail: _____

Name: _____ Title: _____

E-mail: _____

PAYMENT INFORMATION

Please Charge My: MasterCard VISA AMEX

Note: if paying via credit card please add a 3% processing fee

Check / Money Order Enclosed (payable to FAPSC)

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Amt. Authorized: **\$ 550.00**

Card #: _____ Code: _____ Exp. Date: _____

Signature: _____

Remittance Address:

FAPSC
P.O. Box 13654
Tallahassee, FL 32317-3654

(850) 577-3133 fax

I agree that I shall be dedicated to the promotion of the professional and ethical educational interests of private schools and colleges in the State of Florida. I agree to abide by the ethics and standards of the Association and to withdraw from membership if the Association determines that my membership is not consistent with the Association's standards and goals.

Signature

Date

**Due to the Omnibus Reconciliation Act of 1993, which resulted in changes to the federal tax code and to the definition of "lobbying", a percentage of your dues may be non-deductible. As this percentage may vary each year, the current percentage will be reported to you when your initial dues payment is received. * By providing/ confirming your fax number, and e-mail address, you hereby authorize FAPSC to communicate with you via facsimile at the number and/ or e-mail addresses you provided.*