



FPT-PAC: Contribution

Name _____ Occupation _____
 Practice Name _____ City _____ Zip _____
 Contributors Address _____
 City _____ Zip _____ E-mail address _____
 Home Phone _____ Work Phone _____ Fax _____

**Florida laws and state regulations require the above information.
 All information must be completed.**

Yes, I want to do my part to help modernize the PT Practice Act in Florida!

<input type="checkbox"/>	Guardian of the Profession	\$1,000+
<input type="checkbox"/>	President's Circle Member	\$500-\$999
<input type="checkbox"/>	Ambassador	\$250-\$499
<input type="checkbox"/>	Advocate	\$100-\$249
<input type="checkbox"/>	Student Star*	\$25 (Circle T-Shirt Size: S M L XL)

**Must be a student member of the FPTA*

Payment Type: **Check (to FPT-PAC)** **Online Banking***

Visa **MasterCard** **Discover** **Contribution through APTA renewal**

Contribution through online banking:

___ I plan to contribute \$ _____ for _____ months for a total of \$ _____ by the end of the year

Contribution through APTA renewal:

___ I plan to contribute \$ _____ for _____ months for a total of \$ _____ by the end of the year

Contribution through credit card:

Credit Card Number _____ Expiration Date _____

CW Code _____

___ One-time contribution of \$ _____

___ Charge my card \$ _____ for ___ months for a total of \$ _____ by the end of the year

Signature _____ Date _____

Complete this form and return to
FPT-PAC, 800 N Calhoun St. Ste 1A, Tallahassee, FL 32303 -
Office (850) 222-1243 Fax (850) 224-5281

*Contact the FPTA at info@fpta.org or 850.222.1243 for online banking details