



Florida Association of
Postsecondary Schools and Colleges

150 South Monroe Street, Suite 303
Tallahassee, FL 32301

FAPSC-PAC MEMBERSHIP FORM

PLEASE SELECT YOUR MEMBERSHIP TYPE:

Individual Member: \$100

School/ Individual Campus Member: (based on gross campus revenue)

\$ 0 to \$299,999	\$ 250
\$ 300,000 - \$999,999	\$ 500
\$1,000,000 - \$9,999,999	\$1000
\$10,000,000 and over	\$1500

PERSONAL INFORMATION:

Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

CREDIT CARD INFORMATION: Card Type: Visa Mastercard American Express

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Card #: _____ Expiration: _____ CVV: _____

Amount: \$ _____

Checks may be written to FAPSC-PAC

Remit payment to: FAPSC-PAC

150 South Monroe Street, Suite 303, Tallahassee, FL 32301 or Fax: (850) 577-3133