



150 South Monroe Street, Suite 303
Tallahassee, FL 32301

FAPSC-PAC ASSOCIATE MEMBERSHIP FORM

PLEASE SELECT YOUR MEMBERSHIP TYPE:

Associate Member: \$1,000- \$5,000

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