

P.O. Box 1618
High Springs, FL 32655-1618
Phone: 386-454-5199
Fax: 386-454-5174
Electronic Mail: sue@fpelra.org
Federal ID# 59-2983012



Membership Application and Dues Invoice

I/We herewith apply for membership in the category checked below:

Agency Membership (up to three individuals)

Agency: _____

Mailing Address: _____

City/State/Zip Code: _____

Name of Designated
Principal Agency Member: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Name of Other Agency Member: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Name of Other Agency Member: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Principal Membership **Associate Membership** **Sustaining Membership**

Name: _____ Title: _____

Agency: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Please make check payable to FPelRA

Records of the Florida Public Employer Labor Relations Association are deemed to be public Records and subject to public inspection in compliance with Section 119.012 Florida Statutes