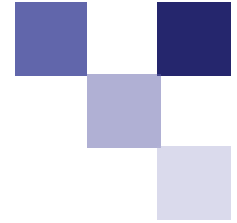




Florida Public Employer Labor Relations Association



Membership Application

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

Agency Membership—\$235.00 (up to three individuals)

Agency: _____

Mailing Address: _____

City/State/Zip Code: _____

Name of Designated
Principal Agency Member: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Other Agency Member: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Other Agency Member: : _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Principal Membership- \$95.00 **Associate Membership- \$80.00** **Sustaining Membership- \$250.00**

Name: _____ Title: _____

Agency: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

**Please make check payable to FPELRA
Federal ID#59-2983012**

Please mail completed Membership Application and Check to:

FPELRA
P. O. Box 1618
High Springs, FL 32655-1618

Phone: 386-454-5199

sue@fpelra.org

Fax: 386-454-5174

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

