

# 2009 APRA-FL MEMBERSHIP RENEWAL

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Photocopies are acceptable.

## MEMBER INFORMATION

\_\_\_\_\_  
(First) (Middle initial) (Last)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/State) (Zip code)

\_\_\_\_\_  
(Business Phone) (Fax) (Cell)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Web site)

I have reviewed and understand the APRA Code of Ethics for Professional Researchers.  
(See <http://www.aprahome.org>)

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

## DUES PAYMENT

APRA-FL dues: **\$25.00 per year**

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*Your chapter Membership contact is:*

Steven J. Rogers  
Florida State University Foundation  
2010 Levy Ave., Bldg. B  
Suite 300  
Tallahassee, FL 32310  
850-644-9199  
850-644-6211 (Fax)  
[srogers@foundation.fsu.edu](mailto:srogers@foundation.fsu.edu)

**Please MAIL form (with check) to:**  
APRA-FL  
c/o Erin Hoyle  
Director of Research and Prospect  
Management  
Florida State University Foundation  
4549-A Barclay Lane  
Tallahassee, FL 32309

Membership is valid through February 14, 2010 upon receipt of your renewal form and payment. APRA-FL dues are not deductible in the U.S. as charitable contributions for tax purposes, but continue to be deductible as a business expense. Dues may be paid by your employer.

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