

2009 APRA-FL MEMBERSHIP APPLICATION

Please type or print. Each individual should use a separate form.
Photocopies are acceptable.

MEMBER INFORMATION

(First) (Middle initial) (Last)

(Title)

(Organization)

(Street address)

(City/State) (Zip code)

(Phone) (Fax)

(Email)

(Website)

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

Signed : _____ Date : _____

DUES PAYMENT

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

Dues paid by: Individual Employer

*Please enclose payment or check here if you paid online .

Make checks payable to **APRA-FL**.

(We are unable to accept credit card payments via mail at this time.)

After your application is received, here's what happens next:

1. Application and payment are processed within five business days of receipt.
2. A copy of your application is sent to the Membership Chair.
3. The Membership chair will email confirmation of receipt of your application and provide your membership information (including User Name and Password for Web site Members Only access).

Membership begins upon receipt of your application and payment, and is valid through February 14, 2010. 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.

Please complete all sections above and return to APRA-FL.



www.aprafl.org

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

Please MAIL form (with check) to:

APRA-FL Chief Financial Officer
c/o Erin Hoyle
Director of Research and Prospect
Management
Florida State University Foundation
4549-A Barclay Lane
Tallahassee, FL 32309

FOR OFFICE USE ONLY

Date Received: _____ Check Number: _____ Check Amount: _____