



**Florida Public Human Resources Association**

**Membership Application/Invoice**

Calendar Year January 1, 2016 to December 31, 2016

Use this Membership Application/Invoice as your bill.

**Make check payable to: Florida Public Human Resources Association, Inc.**  
**(See next page for credit card payment information and processing fee)**

**Mail To:**

Florida Public Human Resources Association  
401 East Las Olas Blvd.  
#130-452  
Fort Lauderdale, FL 33301

Treasurer FAX # (888) 758-6286  
email: Treasurer@FPHRA.org  
Please send an email for the current Treasurer's  
phone number if needed

Agency/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County \_\_\_\_\_

Check the applicable category below. Please **print or type** the appropriate information and fill in **all** blanks.

For further information on types of membership go to <http://www.fphra.org/renewal>

**Agency Membership**      **\$135.00** (Covers up to 3 individuals. An agency may have more than one (1) Agency Membership).

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Application Status:    New                       Renewal

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Application Status:    New                       Renewal

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Application Status:    New                       Renewal

**Other Membership:**

**Individual (\$55)**       **Associate (\$150)**       **Qualified Retiree (\$25)**       **Lifetime (\$0)**       **Student (\$25)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Application Status:    New                       Renewal

**Florida Public Human Resources Association  
Credit Card Payments**

MasterCard     Visa     Discover

Please print or type:

Name as appears on credit card bill: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV2/CVC2 Code: \_\_\_\_\_

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

**Credit Card Cancellation/Refund/Substitution Policy:**

- Membership Fees are nonrefundable. Agency members may be substituted for paid members via written or e-mail confirmation to the Association Treasurer. Send **Membership Form** and **Credit Card Information** to:

**Treasurer**  
email: [Treasurer@FPHRA.org](mailto:Treasurer@FPHRA.org)  
FAX : (888) 758-6286

**Florida Public Human Resources Association**  
**401 East Las Olas Blvd.**  
**#130-452**  
**Fort Lauderdale, FL 33301**