

# Florida Association of Professional Employer Organizations

P.O. Box 14629 • Tallahassee, FL 32317-4629 • 850/222-6000 • FAX 850/222-6002

## Associate Membership Application

**Company Name:** \_\_\_\_\_  
(Please print **exactly** as name should appear on the FAPEO website.)

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
(All additional information will be mailed to this address.)

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

Phone \_\_\_\_\_ FAX \_\_\_\_\_

### Associate Membership:

Annual Membership \$500

**Total Amount Enclosed:** \$ \_\_\_\_\_

**Method of Payment:**  Check (payable to **FAPEO**)  Visa  MasterCard  American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
(3-digit code on back of card)

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### Questions?

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