

FAPEO

Florida
Association of
Professional
Employer
Organizations

335 Beard Street
Tallahassee, FL 32303
850/222-6000
FAX 850/681-2890

FAPEO ASSOCIATE MEMBERSHIP APPLICATION

ASSOCIATE MEMBERSHIP DUES \$500.00 Annually

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Please list/describe the services and products you provide

ADDITIONAL LISTING \$75.00 Annually

(Your company may add an additional listing for a representative from your company for an annual fee of just \$75.00. This listing will appear in the FAPEO Membership Directory and in all referrals, allowing that individual to receive all Association mailings.)

ADDITIONAL LISTING

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Please send to:

FAPEO

P.O. Box 14629

Tallahassee, FL 32317-4629

NOTE: Your membership dues are valid for 12 months. Contributions to FAPEO are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as "ordinary and necessary" business expenses subject to limitations imposed as a result of association lobbying activities. It is estimated that the portion of your current year's dues allocable to lobbying activities, and thus nondeductible, is 18%.