



40 Sarasota Center Blvd., Ste. 107 • Sarasota, FL 34240

Your FPRA membership expires on October 31, 2016
Please return renewal form with your payment
before or by October 31, 2016

Memberships may be renewed online at www.fpra.org

2016/2017 RENEWAL

PLEASE INDICATE YOUR LOCAL CHAPTER:

<input type="checkbox"/> Capital	<input type="checkbox"/> Orlando Area
<input type="checkbox"/> Central West Coast	<input type="checkbox"/> Pensacola
<input type="checkbox"/> Dick Pope/Polk Cnty	<input type="checkbox"/> Space Coast
<input type="checkbox"/> Gainesville	<input type="checkbox"/> SW Florida
<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Tampa Bay
<input type="checkbox"/> Lake County	<input type="checkbox"/> Treasure Coast
<input type="checkbox"/> Nature Coast	<input type="checkbox"/> Volusia/Flagler
<input type="checkbox"/> NW Florida Coast	<input type="checkbox"/> Member-At-Large
<input type="checkbox"/> Ocala	

If you have questions regarding your membership renewal, please call the FPRA State Office at 941-365-2135

I certify that I spend 50% or more of my time in the practice of public relations.

Yes No Specialty: _____

MEMBERSHIP CATEGORY (Please check one.)

- Individual Professional** (*you pay*)
- Institutional Professional** (*organization pays*)
- Allied** (associated with the field of public relations)
- Multi-Institutional Professional - first member from the organization** (*organization pays*)
 FPRA Annual Membership Dues \$220.00
- Multi-Institutional Professional - additional member - same organization and chapter** (*organization pays*)
 FPRA Annual Membership Dues \$210.00
- Retired** (*age 62 or older and retired from full-time practice of public relations for profit*)
 FPRA Annual Membership Dues \$20.00

TOTAL AMOUNT ENCLOSED \$ _____

PAYMENT INFORMATION

Mastercard Visa Discover AmEx # _____ Exp. Date ____ / ____

Name on Card _____ Credit Card Billing Address _____

Billing Zip Code _____ Security Code (Visa/MC/Disc: 3 digits on back; AmEx: 4 digits on front) _____

THIS FORM MAY BE USED ONLY BY THE PERSON NAMED ABOVE. PLEASE USE THE LINES BELOW TO LIST ANY CHANGES (OR)

My name is not the name listed above, but I would like to join FPRA. Please send an application to me at the following address:

Name _____ Title _____

Organization _____ Address _____

City _____ State _____ Zip _____ Email _____

Important information regarding your 2016-2017 FPRA Membership Renewal:

Renewals received after November 1, 2016 will not be processed unless accompanied by a \$25 late fee. Prorated rates do not apply to renewing members. Please ensure that this form, or a copy, accompanies your renewal payment.

PLEASE MAKE CHECKS PAYABLE TO: FPRA

YOUR RECEIPT

MEMBER NAME		PAYMENT DATE	
ITEM	<i>FPRA Membership Renewal</i>	AMOUNT	