



2010 FPPTA Benefits Membership

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____

Position: _____ Phone: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____

Position: _____ Phone: _____

Payment Method

1 year membership \$9.99

Please indicate your payment method

- Check payable to:
Florida Public Pension Trustees Association (FPPTA), and marked *Benefits Membership*
- Credit Card:
Visa, MasterCard or American Express:

Account Number: _____

Signature: _____ Expiration Date: _____

Name as it appears on the credit card: _____

2946 Wellington Circle E., Suite A
Tallahassee, FL 32309
Phone: (800)842-4064 ♦ Fax: (850)668-8514
www.fppta.org