

# FPPTA Retiree Division Membership



M  
E  
M  
B  
E  
R  
S  
H  
I  
P  
  
A  
P  
P  
L  
I  
C  
A  
T  
I  
O  
N

## Information:

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Spouse: \_\_\_\_\_

Significant Other: \_\_\_\_\_

Organizational Affiliation: \_\_\_\_\_

## Payment Method:

**\$9.99 per year** (member & Spouse, or significant other)

**Credit Card** (Visa, Master Card, American Express)

#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Check

Make Checks Payable to: **FPPTA**  
2946 Wellington Circle East,  
Tallahassee, FL 32309  
800-842-4064

