



# FPPTA Retiree Division Renewal

## Member Information

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

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

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

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

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

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

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

## Payment Method:

**1 year membership \$9.99 per year**

Please indicate your payment method

- Check Payable to:  
Florida Public Pension Trustees Association (FPPTA), marked *Retiree Division Renewal*
- Credit Card:  
Visa, Master Card or American Express

Credit Card #: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

2946 Wellington Circle East  
Tallahassee, FL 32309  
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[www.fppta.org](http://www.fppta.org)