



2010 FPPTA Benefits Membership Renewal

Membership Information

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 East
Tallahassee, FL 32309
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www.fppta.org