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| --- |
| Professional  |
| Membership Application |
|  |
| Name |  |
|  |  |
| Home Address |  |
|  |  |
| City |  |  | State |  |  | Zip Code |  |
|  |  |  |  |  |  |  |  |
| Cell Phone |  |  | Work Phone |  |
|  |  |  |  |  |
| Email Address |  |
|  |  |
| Current Occupation |  |
|  |  |
| Areas of Expertise | (please check all that apply) |
|  |  |
|  | Business/Corporate |  |  | Human Resources |
|  |  |  |  |  |
|  | Education |  |  | Legal |
|  |  |  |  |  |
|  | Financial Management |  |  | Public Relations/Marketing |
|  |  |  |  |  |
|  | Fundraising |  |  | Non-Profit Management |
|  |  |  |  |  |
|  | Government |  |  | Public Speaking |
|  |  |  |  |  |
|  | Event Management |  |  | Teaching Assistant |
|  |  |  |  |  |
|  | Firefighting |  |  | Criminal Justice |
|  |
| Other areas of expertise/skills:  |  |
|  |  |
| Costs $30 | Please include a check or money order. If you require an invoice email the state director at director@myfpsa.us or call 904-704-4222 |
|  |  | For Official Use Only |
| Name Printed |  |  |
|  |  |
| Signature |  |
|  |  |