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| Professional | | | | | | | | | | | | | | | | | | | | | |
| Membership Application | | | | | | | | | | | | | | | | | | | | | |
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| Name | | |  | | | | | | | | | | | | | | | | | | |
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| Home Address | | |  | | | | | | | | | | | | | | | | | | |
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| City | |  | | | | | | | | | |  | State | | | |  | |  | Zip Code |  |
|  | |  | | | | | | | | | |  |  | | | |  | |  |  |  |
| Cell Phone | | | |  | | | | | |  | Work Phone | | | | | | |  | | | |
|  | | | |  | | | | | |  | | | |  | | | | | |  | |
| Email Address | | | | | |  | | | | | | | | | | | | | | | |
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| 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](mailto:director@myfpsa.us) or call 904-704-4222 | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | For Official Use Only | | | | | |
| Name Printed | | | | | | | |  | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | |
| Signature | | | | | | | |  | | | | | | | |
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