



2010 Membership Application

First Name: _____

Last Name: _____

Address 1: _____

Address 2 : _____

City: _____

State: _____

Zip: _____

E-Mail: _____

Payment Information: The FSA membership year begins on July 1. If you are joining in a month other than July, please use the pro-rated table below to calculate your first dues payment.

| | Professional | Associate |
|-----------|--------------|-----------|
| April | \$125 | \$175 |
| May | \$125 | \$175 |
| June | \$125 | \$175 |
| July | \$125 | \$175 |
| August | \$90 | \$120 |
| September | \$90 | \$120 |
| October | \$90 | \$120 |
| November | \$55 | \$90 |
| December | \$55 | \$90 |
| January | \$55 | \$90 |
| Febuary | \$25 | \$50 |
| March | \$25 | \$50 |

+ One time processing fee: \$25.00

Total Payment:

Payment Options

Check Enclosed

Charge My Credit Card

Make Checks Payable to: Florida Speakers Association

Mail to: 20423 State Road 7, F6-491, Boca Raton, Florida 33498

Fax to: 561-910-0896

Credit Card Information:

Card Type: Visa Mastercard American Express Discover

Expiration Date _____

Name on Card: _____

Billing Address _____

City, State, Zip _____