



**FASA MEMBERSHIP APPLICATION**

**Member Options:**

- Affiliate Member  \$20.00
- Professional Member  \$50.00
- Organizational Member:  \$180.00 (includes 4 Professional Members)
- Total Due \$ \_\_\_\_\_

Please complete a separate application for each Affiliate or Professional Member.

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

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

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

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

Phone Number: (Work) \_\_\_\_\_ (Home/Cell): \_\_\_\_\_

**For Organizational Memberships Only:** Name and address of three (3) additional members

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

Name of Organization: \_\_\_\_\_

**Method of Payment:**

- Check  Money Order
- Credit Card: Visa  Master Card  American Express

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

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (3 digits on back or 4 on front [AmEx])

Name on Credit Card: \_\_\_\_\_

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

**Please scan/save and Email form to Sharon Carie at [scarie@live.com](mailto:scarie@live.com) or Fax to 813-704-4864.**

Thank you for your membership in the Florida Afterschool Alliance.