



✓ *Yes!* I would like to become a member of the Florida Association of Partners in Education.

Name:	
Title:	
Work Phone: ()	
Home Phone: ()	
Fax: ()	
Business/Organization/ School:	
Email:	
Mailing Address:	
City:	State:
Zip Code	County:

Please place a check by your membership category.

- ☐ Public School Administrator
_____District Level _____School-Based Level
- ☐ Florida Department of Education Staff
- ☐ Community Involvement Program Coordinator
_____District Coordinator _____District Staff _____School-Based Coordinator
- ☐ Individual interested in community involvement in schools
_____Teacher _____Volunteer _____SAC _____Parent _____Other (Explain)
- ☐ Membership Fee -Individual Membership \$25
- ☐ Education Institutional Membership \$200 (allows up to 10 members of the institution to participate and vote in all FAPE activities)

Check # _____ P.O. # _____

Remit Payment to:

Florida Association of Partners in Education
3938 Bobbin Brook Circle | Tallahassee | FL | 32312 850-765-9134 | flpie2014@gmail.com | www.flpie.net