

FADAA INDIVIDUAL MEMBERSHIP APPLICATION

Name: _____

Agency: _____

Address: _____

City/State/Zip: _____

This Address is my: Home Work

Work Phone: _____ Home Phone: _____

FAX: _____

E-Mail Address: _____

Method of Payment:

Payment enclosed (please make check payable to FADAA)

Charge to my Credit Card

VISA M/C

Account #: _____ Expiration Date: _____

Signature: _____ Date: _____

Yes, I want to become a member!
Annual Membership Investment is \$40 for 12 months
(\$30, if annual salary is less than \$14,000).

Upon completing your information, please return to the Association office along with your payment to:

FADAA
2868 Mahan Drive, Suite 1
Tallahassee, FL 32308

Please feel free to call if you have any questions: 850-878-2196