

Florida Association of Homes & Services for the Aging 2009 Aging Organization, and Individual Membership Application



**Membership applications are accepted subject to approval.
Credit cards will be accepted for membership dues.**

Aging Organization Name: _____
Individual Name or Retired Administrator Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: _____ Fax: _____
E-Mail: _____ Web Site: _____
Fl Senate District: _____ Fl House District: _____ U.S. Congressional District: _____
How did you hear about FAHSA? Colleague: (print name) _____ Publication: _____
Direct Mail: _____ Convention: _____ Other: (please specify) _____

Annual Dues

Applicants joining after the first quarter (FEBRUARY 28th) may prorate their dues as follows:

- Between MARCH 1ST and MAY 31ST, pay $\frac{3}{4}$ of the Total Annual Amount.
- Between JUNE 1ST and AUGUST 31ST, pay $\frac{1}{2}$ of the Total Annual Amount.
- Between SEPTEMBER 1ST and NOVEMBER 30TH, pay $\frac{1}{4}$ of the Total Annual Amount.

Please Check Membership Type

- 501 (c)(3) Aging Network Organization \$185.00
- Individual Membership \$185.00
(This category of membership does not apply to those who are employed by facilities, business affiliates, aging organizations that would otherwise be eligible for membership nor does it apply to residents or residents' councils.)

Total Annual Amount Enclosed: \$

If paying with credit card, please add 3% processing fee: \$

Card Number _____ Exp. Date _____ Security # on card _____

Cardholder Name (Please Print) _____ Signature _____

Please complete this application and return it with a check payable to:

FAHA • 1812 Riggins Road • Tallahassee, Florida 32308 • (850) 671-3700 • Fax (850) 671-3790 • info@fahsa.org