San Felasco Section
Florida Chapter
American Planning Association
2009 NW 67th Place, Suite A, Gainesville, Florida 32653.

Membership Application

Name:_____
First Middle Last

Company Name/Agency(if applicable):_____

Address: _____
Street Address or Post Office Box

_____
Suite# E-mail address

_____
City ZIP

_____
Office Telephone# Home Telephone# FAX#

Membership Requested: Please make checks payable to San Felasco Section FAPA. Mail correspondence to SFAPA, 2009 NW 67th Place, Suite A, Gainesville, Florida 32653.

❑ APA Member ($15.00 per year)

❑ Affiliate ($15.00 per year)

❑ Student/Student Affiliate ($5.00 per year)

❑ Student/Student Affiliate ($10.00 per 2-year)

_____ _____
Signature of Applicant Date of Application

Optional Information Requested:

❑ Please check if you are a member of the American Planning Association

❑ Please check if you are a member of the American Institute of Certified Planners