



Florida Society of Certified Public Managers Membership Application WWW.FSCPM.ORG

New Application _____ Renewal Application _____

Name: _____ Job Title: _____

Work Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Work Email: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Home Email: _____

Employer / Retired: _____

Date Received CSM: _____ Date Received CPM: _____

Who recommended or influenced you the most to join/rejoin FSCPM? _____

Membership Year: January 1st through December 31st

The membership fee for one (1) year is \$ 40 dollars and \$ 70 dollars for two (2) years. Fee includes membership in the Florida Society of Certified Public Managers (FSCPM), a local Chapter of the FSCPM and the American Academy of Certified Public Managers (AACPM).

PLEASE CHECK HERE IF YOU DO NOT WANT YOUR NAME, AGENCY AND EMAIL ADDRESS POSTED ON THE AACPM WEBSITE _____

North Florida _____ Northeast Florida _____ Central Florida _____ Florida's Turnpike _____

Polk County _____ South Florida _____ Suncoast (Tampa Bay) _____ Florida Keys _____

Please make checks payable to: **Florida Society of Certified Public Managers**

Check # _____ Check Date: _____ Check or Credit Card Amount \$ _____

Credit Card # _____ Type Card _____

Credit Card Billing Zip Code: _____ Expiration Date _____ The CVV number _____*

**This is the 3 digit number on the back of Visa/Mastercard (usually on the signature line) or a 4 digit number on the front of Amex above the account number.*

Mail To:

Fred E. Levinson, CPM
1925 Largo Road
Jacksonville, FL 32207

Phone:

954-326-1909

E-Mail To:

EFLEV@BELLSOUTH.NET

*The Florida Society of Certified Public Managers is affiliated with the
American Academy of Certified Public Managers.*