



**Annual Membership Form**  
**March 1, 2016-February 28, 2017**

**ANNUAL DUES:**

**\$150.00** Institutional/single program (Program Grant funds may be used to pay institutional membership)

**\$40.00** Individual (Program Grant funds may not be used for individual membership)

Member Contact Information (Note: for institutional membership, photocopy and complete this page for each program staff member)								
Member Name:								
Title:								
Institution:								
Address:								
City:			State: FL			Zip:		
Telephone#:			Fax#:					
E-mail Address:								
Members Home Address and Telephone Number								
Home Address:						Telephone#:		
City:			State:			Zip:		
Members FAEOPP & TRiO Service								
Please indicate how long you have served FAEOPP				Month(s):		Year(s):		
Please indicate how long you have served TRiO				Month(s):		Year(s):		
TRiO Alumnus Status								
Are You A TRiO Alumnus? Yes _____ No _____				Year Graduated		Institution Attended		
If So, With What Program: _____				_____		_____		
Please Identify The Program(s) That You Are Currently Participating With								
CROP _____	EOC _____	ETS _____	GEAR UP _____	MCNAIR _____	SSS _____	UB _____	UBMS _____	VUB _____
Other (specify):								

**The FAEOPP Federal Tax I.D. # is 59-3528038.**

Please make check payable to FAEOPP, Inc., and send it and your membership form to:

FAEOPP, Inc.- Jovany Felix

PO Box 6384

Tallahassee, FL 32314

**FOR OFFICE USE: Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Receipt \_\_\_\_\_**