



FLORIDA CONSORTIUM of PUBLIC CHARTER SCHOOLS

“Florida’s Charter Support Organization Since 1999”

PREFERRED VENDOR ANNUAL MEMBERSHIP APPLICATION FORM

A PARTNERSHIP OF ADVOCATES FOR IMPROVED EDUCATION THROUGH QUALITY CHARTER SCHOOLS

1. ORGANIZATION INFORMATION

Organization Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Primary Contact _____ Contact Title _____

Office Phone _____ Cell Phone _____

E-Mail _____ Fax _____

Secondary Contact _____ Contact Title _____

Office Phone _____ Cell Phone _____

E-Mail _____ Fax _____

Organization Web Address _____

Region Served (Statewide, County, City) _____

Application Completed By (Please sign) _____

2. MEMBERSHIP FEE *Based on your company revenue*

\$2 million or above in revenue \$1,500

Less than \$2 million in revenue \$750

3. METHOD OF PAYMENT

By Check (Please mail application) – Complete and sign the Application Form and mail with check payable to:

**Florida Consortium of Public Charter Schools
1126 South Federal Highway Suite 170
Fort Lauderdale, FL 33316**

By Credit Card (Please fax application to 904-212-0300)

Visa M/C Am Express

Credit Card Number _____ Exp. Date _____ Security Code _____

Print name as it appears on card _____

Authorized Signature _____

Credit Card Billing Address (If different from organization address) _____

ZIP _____

4. LISTING ON WEBSITE AND ONLINE DIRECTORY

Please e-mail a description of your company and logo (JPEG, TIFF, GIF) for the Website.

FOR QUESTIONS OR MORE INFORMATION: Please contact FCPCS at 904-940-5749, by email at info@floridacharterschools.org, or visit our web site at www.floridacharterschools.org

The Florida Consortium reserves the right to deny or revoke membership in its sole discretion.