

NWFPA MEMBERSHIP RENEWAL
2009-2010

NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____

ATTORNEY: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

SPECIALITY: _____

EDUCATION: _____

FRP/CP/CLA/RP _____

ACTIVE MEMBER (\$40.00) _____

STUDENT MEMBER (\$20.00) _____

ASSOCIATE MEMBER (\$35.00) _____

SUSTAINING MEMBER (\$30.00) _____

PLEASE RETURN COMPLETED FORM TO
FAWN SPEARS, PARLIAMENTARIAN ALONG WITH ANNUAL DUES
c/o Clark, Partington, Hart, One Pensacola Plaza, Suite 800, 125 W. Romana St.,
Pensacola, FL 32502

fspears@cphlaw.com

208-7039