



# Facility Operators and Service Providers Association

PO Box 69174, St. Louis MO 63169

FOSPA Informational Hotline (314) 539-4471

www.fospa.net

## Individual Membership Registration Form



Last Name: \_\_\_\_\_

First Name \_\_\_\_\_

Middle: \_\_\_\_\_

Employer: \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

### How Did You Hear About FOSPA

Associates

Advertisement

Web Page

Other

Work Telephone \_\_\_\_\_

Extension \_\_\_\_\_

Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

One Year Membership Dues \$75.00

Make Checks Payable to: Facilities Operators and Service Providers Association

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