Facilities Operators and Service Providers Association Membership Registration Form

Type of Mem	bership: (Check one))		
educational e may be the m the cost of se our web page two members Additional gu board membe	e membership provi event and allows you nost cost-effective w nding one person to with a hyperlink to s with guests or a to ests may be permitt	the flexibility to send divay to award numerous so one traditional seminar your home page. As a cotal of four people to any ted for an additional fee	ing your company to send ifferent employees to various taff the opportunity to gain type venue. Your company or porate member your corespecial events (i.e. our and based on the event and bother the second second in the event and bother tags.	ous presentations. This n experience for less than by logo will be included on appany may bring a total or nual Christmas party).
		_	tional attendee for a limite	ed number of events.
Primary Cont	act Person:			
Position:				
E-mail addres	ss:			
Employer of	single membership	or Company Name if Co	rporate membership:	
Contact perso	on information:			
Street addres	ss:			-
City:		State:	Zip:	
Preferred cor	ntact method:			
E-Mail:				
Mobile phone	e:			
Other: (pleas	e provide info)			
Name and ad	dress for invoice:			
Return to:	FOSPA PO Box 329			

If you have any questions please contact our membership director Mr. Matt Huelsing at 314-471-1677

Updated 2018.12.14

St. Ann, Mo. 63074