



FADIMA MEMBERSHIP FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-Mail Address _____

District/Company _____

District/Company Address _____

Position/Title _____

New Member? Yes _____ No _____

Type of Membership and Dues:

_____ **Active Member** – any person serving in a District or State position
I am enclosing my dues of **\$50.00** for my membership through October 2018

_____ **Associate Member** – representatives of the publishing industry or depositories
I am enclosing my dues of **\$75.00** for my membership through October 2018

_____ **Retired Member** – any prior member who has retired
I am enclosing my dues of **\$50.00** for my membership through October 2018

Please return Membership Form and Dues to:

Vicki Cornman, FADIMA TREASURER
Palm Beach County Schools
1400 N. Florida Mango Rd., West Palm Beach, FL 33409
Ph. 561-684-5157 • Fax 561-684-5130
Vicki.Cornman@palmbeachschools.org