*** Association of Pretrial Professionals of Florida***

***2021 Membership Application***

**Please complete and return this membership form to institute your membership benefits.**

**AGENCY OR MEMBER INFORMATION**

Name:       Phone:

Title:       Fax#:

Agency:       Email:

Address:

City:       State:       Zip:

Contact for organization:       Email:

**MEMBERSHIP COSTS**

**Individual Full Participation Membership Cost is: 1 –** Member $20.00

**Organizational Membership Application:**

2 - 10 Members                  $100.00 11 - 20 Members                $175.00

21 - 30 Members                $250.00 31 - 50 Members                $350.00

51 + Members $425.00

**Corporate Memberships -** $250

**PAYMENT METHOD**

**Payment Remittal Information Federal Tax ID # 65-0336341**

Please make checks payable to: APPF Amount Enclosed: $

Mail this form and check to: P.O Box 990061

Naples, FL 34116

Please list individuals who are being assigned to your organizational memberships here.

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| Last Name | First Name | Title | Email | Phone |
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