



FADIMA MEMBERSHIP FORM



Florida Association of District Instructional Materials Administrators

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Home Phone Number (not for publication) _____

E-Mail Address _____

District/Company _____

District/Company Address _____

New Member? Yes _____ No _____

Dues:

_____ I am enclosing my dues of \$25.00 for my membership through October 2010.

_____ I am a member of FASA, and I am enclosing my dues of \$25.00 for my membership through October 2010.

Type of Membership:

_____ Active Member – any person serving in a District or State position

_____ Associate Member – representatives of the publishing industry or depositories

_____ Retired Member – any prior member who has retired

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
W. 561-684-5157; Fax 561-684-5107
E-mail: cornmanv@palmbeach.k12.fl.us