



Florida Association of Supervisors of Media

MEMBERSHIP APPLICATION

DATE:	_____RENEWAL	_____NEW
NAME:		
E-MAIL ADDRESS:		
JOB TITLE:		
SCHOOL DISTRICT:		
WORK ADDRESS:		
WORK TELEPHONE: ()		
SUNCOM:		
FAX: ()		
_____ Check here if you are a member of FASA and have declared FASM as your affiliated division.		
FASM dues are \$20.00.		
Please complete and mail this form with payment to:		
Mary C. Ellis 1678 Beasley Drive DeLand, FL 32720		

The following FASM Membership Receipt will be returned to you from the Treasurer.

MEMBERSHIP RECEIPT

Name:		
Amount Paid:	_____ Cash	_____ Check
Date:	Received by:	